

SUMTER COUNTY SCHOOLS - SCHOOL HEALTH SERVICES
MEDICAL CONDITION PARENT INTERVIEW GUIDE

Please complete this form with as much accurate information as possible. The information provided is used to develop an individualized health care plan for your child to promote a safe environment with a goal to maintain optimal health. Important: Include correct numbers where you can be reached.

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Age: _____ Grade: _____ Teacher: _____ School: _____

Parent/Guardian: _____ Phone #1: _____

Phone #2: _____

Emergency Contacts: _____ Phone #1: _____

Phone #2: _____

Treating Physician: _____

Phone: _____ Fax: _____

Preferred Hospital: _____ Allergies: _____

1. Medical diagnosis: _____

2. What are his/her usual signs and symptoms? _____

3. Are there any specific events or activities that seem to worsen symptoms? _____

4. Is there anything that helps to improve symptoms during episodes? (example: turn lights off or down) _____

5. What medication(s) does your child take at home? _____

6. What medication(s) does your child take at school and when? _____

7. What physical, emotional, mental, behavioral, or social problems does your child have, if any? _____

8. Any special instructions including needs for special health requirements in the classroom or at school? _____

As parent/guardian by signing this form, I give permission for Sumter County Schools to share this information with the faculty and staff who are directly involved in my child's education and/or school health services.

Parent signature

Please Print name

Date