

# Vidor Independent School District

120 East Bolivar • Vidor, Texas 77662 • (409) 951-8700

This form is to be used in collection of information for our PPCD and Life Skills classes. All information will be kept confidential in the Health Office at your child's school. If any of the information changes throughout the school year, please make sure to notify your school nurse so that it will be updated. The information collected is for the benefit of the child and allows the School Nurse to give a more thorough plan of care to each child.

1. Has your child ever been hospitalized? **Yes or No**

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2. Is your child taking any medications at home or at school? Please specify which are given at home and at school. Please list all medications. **Yes or No**

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3. Has your child ever undergone any surgical procedures? **Yes or No**

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4. Does your child have any daily procedures? **Yes or No**

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5. Is your child seen by a medical specialist? **Yes or No**

If yes, which

physician? \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

