



FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY

SCHOOL HEALTH PROGRAM

HEALTH HISTORY AND CONSENT

Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)

Student: _____ DOB _____ Teacher: _____ Grade: _____

School: _____ Parent/Guardian & Phone(s): _____

Physician & Phone: _____ School Year: _____

KNOWN ALLERGIES: _____

Dear Parent/Guardian:

School records or medical information indicates your child has an attention ADD/ADHD. In order to attend to your child's health and safety, the school requires a health history. Please return this form to the nurse as soon as possible. It will become part of your child's confidential school health record. Our primary concern is that your child's healthcare needs are met while in school.

School Nurse

Phone number

Date

1. Please check ☒:

☐ My child has been diagnosed with Attention Deficit Disorder (ADD)

☐ My child has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)

2. Have you tried any behavior modification techniques? ☐ No ☐ Yes. This helps: _____

3. Please list the medications your child takes:

Name of Medication(s)

Dosage

Time

4. Has your child had any side effects from their medication? ☐ None ☐ Headache ☐ Facial tics

☐ Stomachache ☐ Lack of appetite ☐ Weight loss ☐ Jitteriness ☐ Social withdrawal

☐ Other: _____

5. Does your child know: (Please Circle)

What medication she/he is prescribed Yes No

What time she/he is supposed to take medication Yes No

To report adverse side effects Yes No

6. Additional comments: _____

CONSENT

Please circle your response and sign: (I do / I do not) give the School Nurse my permission to share information relevant to my child's medical status with school staff on a "need to know" basis, if she/he determines that this information is necessary to assure my child's health and safety.

Parent/Guardian Signature: _____ Date: _____



**FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY
SCHOOL HEALTH PROGRAM
ROLES AND RESPONSIBILITIES – ADD/ADHD**

Student: _____ DOB: _____ Teacher: _____ Grade: _____
Parent/Guardian & Phone(s): _____ School Year: _____

School Responsibilities/Agreements	Family Responsibilities/Agreements	Student Responsibilities/Agreements
<ul style="list-style-type: none"> • Provide a free and appropriate education by providing services directly, contracting for services, or by delegating responsibility to local education agencies • Assure that student is educated in regular classrooms to the extent possible • Choose a placement for the child which is appropriate 	<ul style="list-style-type: none"> • Provide medication for school site • Replace any expired medication. Exp. Date: _____ • Keep school staff informed of any changes in student condition or medications 	<ul style="list-style-type: none"> • Attempt to focus on a specific stimuli • Exhibit readiness to learn • Participate in self-care activities
<ul style="list-style-type: none"> • Staff to administer medications per practitioners orders and MDCPS training: 	<ul style="list-style-type: none"> • Be involved and have close communication with school 	<ul style="list-style-type: none"> • Take medications at appropriate time
<ul style="list-style-type: none"> • Staff to contact parent/guardian • CPR certified staff <p>1. _____</p> <p>2. _____</p>	<ul style="list-style-type: none"> • Provide love, support and encouragement to promote resilience 	<ul style="list-style-type: none"> • Exhibit appropriate decision-making skills • Self-evaluate and correct behavior as necessary
<ul style="list-style-type: none"> • Prevent failure for children with ADD/ADHD 	<ul style="list-style-type: none"> • Structure work environment, tasks, and materials 	<ul style="list-style-type: none"> • Communicate needs as appropriate
<ul style="list-style-type: none"> • Prevention at school site: • Allow for reasonable accommodations in order to reduce clutter and stimuli • Allow reasonable accommodations to create an environment conducive to the development of structure 	<ul style="list-style-type: none"> • Obtain accurate and updated information on the ADD/ADHD • Obtain and implement various treatment strategies for ADD/ADHD management 	
<ul style="list-style-type: none"> • Instructions for substitute teacher: 		

Parent/Guardian Signature

Principal or School Administration Designee

School Nurse

Date

Date

Date