



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**STUDENT HEALTH INFORMATION FORM**  
(To be completed for initial registration and for change in health status)

MIS Form #442  
Rev. 6/19 - Back

13. Frequent bed-wetting?     Yes     No    If yes, explain \_\_\_\_\_

14. Stomach or bowel problems?     Yes     No    If yes, explain \_\_\_\_\_

15. Trouble sleeping?     Yes     No    If yes, explain \_\_\_\_\_

16. Hernia or rupture of groin or navel?     Yes     No    If yes, explain \_\_\_\_\_

17. Trouble with teeth?     Yes     No    If yes, explain \_\_\_\_\_

18. Anemia or low iron?     Yes     No    If yes, explain \_\_\_\_\_

19. Attention Deficit Disorder (ADD/ADHD) or hyperactivity?     Yes     No    If yes, explain \_\_\_\_\_

20. Referrals to mental health services by the previous school district?     Yes     No    If yes, explain \_\_\_\_\_

21. Difficulty understanding dangerous situations, wanders or runs away from adults?     Yes     No    If yes, explain \_\_\_\_\_

Please list any other medicine taken regularly and dosage: \_\_\_\_\_

Are there any special health procedures that should be followed at school? \_\_\_\_\_

**Are there any limits on your child's participation in physical education or recess activities due to a health condition?**

If your child is Medicaid eligible, please provide Medicaid number the \_\_\_\_\_ and name of

Medicaid Insurance Plan \_\_\_\_\_.

\_\_\_\_\_  
Print - Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**DISTRIBUTION: This form will be placed in your child's cumulative record.**