



Carroll ISD Health Services
Parental Authorization- ADHD/ ADD Health Plan

Parent please answer:	
Special Ed services?	yes / no
Active 504 plan?	yes / no
I would like 504 information	yes / no

Name: _____ D.O.B.: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Transportation: Car rider Walker Drives self Rides bus # _____

Before/After school activities: Athletics Band Club: _____ Tutoring Other _____

Treating Physician: _____ Phone: _____

Diagnosis/Significant Medical History: _____

Medication at home: _____

Medication at school: _____

Height: _____ Weight: _____ Allergies: _____

Nutrition Concerns: _____

Is student taking nutrition supplements to maintain weight at home? _____ at school? _____

If taking at school, what? _____ When? _____

Observed/ Reported symptoms or behaviors of ADHD/ ADD (check all that apply):

Inattention:

- Often has hard time paying attention, daydreams
- Often doesn't seem to listen
- Is easily distracted from school work or play
- Frequently doesn't follow through on instructions or finish tasks
- Is disorganized
- Frequently loses important things
- Often forgets things
- Frequently avoids doing things that require ongoing mental effort

Hyperactivity:

- Is in constant motion, as if "driven by a motor"
- Cannot stay seated
- Frequently squirms and fidgets
- Talks too much
- Often runs, jumps, and climbs when this is not permitted
- Cannot play quietly

Impulsivity:

- Frequently acts and speaks without thinking
- May run into the street without looking for traffic first
- Frequently has trouble taking turns
- Cannot wait for things
- Often calls out answers before the question is complete
- Frequently interrupts others

By checking this box, I authorize reciprocal release of information related to ADHD/ADD and management between the school nurse and my student's health care provider.

Parent/guardian signature: _____ Date: _____