



Carroll County Public Schools
Parent/Guardian Health Questionnaire – Anxiety/Panic Attack

Student Name: _____
Date of Birth: _____

Date: _____
Grade: _____

You have indicated on the Emergency Procedure Card and/or health forms that your student has anxiety. Please complete the following questionnaire and return to your school nurse as soon as possible.

1. Has your student been diagnosed with an anxiety disorder? Yes / No

Comments: _____

2. Has your student had a panic attack? Yes / No

3. Date of your child's last panic attack: _____

4. Please list specific triggers for your student's anxiety:

5. Does your student take medication at home for their anxiety diagnosis? If yes, please list: _____

6. Will medication for the student's anxiety be kept at school? If yes, please list: _____

7. Has your student ever been hospitalized for an anxiety/panic attack? Yes / No

8. Date of hospitalization: _____

9. Is your student under the care of a Health Care Provider for this condition? Yes / No

Health Care Provider Name: _____ Phone Number: _____

Please note: Medication will only be given following CCPS Medication Procedures. The information you supply will be handled in a confidential manner to be used by the school nurse to guide care if an emergency arises. If clarification is required beyond this form, the nurse will contact the parent/guardian and/or the student's health care provider. If you have questions, please call the school nurse.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Received by School Nurse: _____

Nurse Signature: _____

Review Date: _____