

CURRENT HEALTH INFORMATION

Student _____ Birth Date _____ Grade _____
 Address _____ City _____ Zip _____
 Parent/Guardian _____ Phone – Home _____ Work _____
 Physician _____ Address _____ Phone _____
 Dentist _____ Address _____ Phone _____

DOES YOUR CHILD HAVE: (PLEASE CHECK YES OR NO – If yes, please indicate specific information that school personnel needs to know regarding the condition.)

Yes No

_____ Asthma as diagnosed by a physician? Medication used (including dosage):
 Inhaler: YES _____ NO _____

(If YES-obtain appropriate form from office or on-line)

_____ Diabetes as diagnosed by a physician? Insulin _____

_____ Seizures or Epilepsy as diagnosed by a physician? Type of seizures: _____
 Medication used: _____

_____ Heart disease or bleeding disorder as diagnosed by a physician? Medications used: _____
 _____ Any precautions/restrictions: _____

_____ Allergies of significance to school performance? Please list: _____
 _____ Medication used: _____

Epi-pen at school YES _____ NO _____ **(If YES-obtain appropriate form from office or on-line)**

_____ Physical Handicaps – Specify: _____

_____ Does your child wear glasses or corrective lens?

_____ Serious illness, surgery or accidents during the **PAST YEAR** that may affect school performance – Specify: _____

_____ Is your child taking any other medication? Medication name and dosage: _____
 _____ Reason for medication: _____

_____ Must medication be taken during school hours?
(If YES-obtain appropriate form from office or on-line)

Wisconsin Statute 118.29(2) Any school employee or volunteer so authorized: 1) may administer any drug which may lawfully be sold over the counter without a prescription to a pupil in compliance with the written instruction of the pupil's parent or guardian if the pupil's parent or guardian consents in writing. 2) may administer a prescription drug to a pupil in compliance with the written instruction of a practitioner if the pupil's parent or guardian consents in writing.

Additional information you care to share _____

I understand this information will be shared in a confidential manner with my child's teacher(s) to best meet the health and education needs of my child.

 Signature of Parent/Guardian

 Date