



CURRENT HEALTH INFORMATION 2018.19

Student _____ Birthdate _____ Grade _____
 Address _____ City _____ Zip _____
 Parent/Guardian _____ Home Phone _____ Work Phone _____
 Physician _____ Address _____ Phone _____
 Dentist _____ Address _____ Phone _____

Yes No

PLEASE CHECK ONLY THOSE ITEMS DIAGNOSED BY A DOCTOR

Asthma? Medications used (including dosage): _____

Diabetes? Insulin _____

Seizures or Epilepsy? Type of seizures: _____

Medications used _____

Heart disease or bleeding disorder? Medications used: _____

Any precautions/restrictions _____

Allergies. Food: _____ Medication: _____ Other: _____

Medications used: _____

Epi-pen at school Yes No

Physical Disability – Specify: _____

Does your child wear corrective lenses?

Serious illness, surgery, or accidents during the PAST YEAR that may affect school

Performance – Specify: _____

Is your child taking any other medications? Medication name and dosage: _____

Reason for medication: _____

Must medication be taken during school hours? (If yes, obtain appropriate forms from the school office.)

All Other Health Concerns: _____

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.

If you child will need medication administered to them either over the counter or prescription a Medical Authorization Form will need to be completed and kept with the medication in the school office.

Additional information you care to share: _____

I understand this information will be shared in a confidential manner with my child's teacher(s) and the Public Health Nurse consultant to the school and/or the school nurse to best meet the health and education needs of my child.

Signature of Parent/Guardian