

**Wisconsin Heights School District  
Confidential Health Information  
2020-21**

Student's Name:

\_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

My child has no medical conditions \_\_\_\_\_ Takes no medication \_\_\_\_\_

**PLEASE CHECK ANY MEDICAL CONDITIONS/DIAGNOSIS YOUR CHILD HAS:**

( ) ALLERGIES: \_\_\_\_\_

( ) ASTHMA:

STUDENT NEEDS INHALER FOR:

(check all that apply)

( ) all activities/classes

( ) Phy Ed/Athletics

( ) Field Trips

( ) Other: \_\_\_\_\_

STUDENT WILL HAVE INHALER:

( ) in their backpack

( ) in the school office

( ) Diabetes

( ) Seizures

( ) Glasses/Contacts

( ) ADD/ADHD

( ) Frequent Headaches

( ) Heart Problems

( ) Hearing Problems

( ) Other Health Condition - Please describe: \_\_\_\_\_

( ) MEDICATION:

List any medications/prescriptions your student takes:

(X) If your student needs to take at school

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

**Release** – In a medical emergency, I hereby authorize the school principal, nurse, or staff member to contact our physician or, if not available, an alternate physician, and to obtain emergency treatment for my child, if needed, if I or the other designated contact persons cannot be reached. If an ambulance is called, the costs are the responsibility of the parent/guardian. I give my permission to share this information with the appropriate school and medical personnel.

**If you do not agree with this procedure, you must contact the school and file a Specialized Health Care Plan.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_