**CHETEK-WEYERHAEUSER SCHOOL DISTRICT HEALTH INFORMATION**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_GRADE\_\_\_\_**

**MAJOR HEALTH CONDITION?** \_\_\_\_YES \_\_\_\_NO

Please check if any of the following are a health condition/concern for your student:

\_\_\_\_ASTHMA \_\_\_\_YES \_\_\_\_NO (If yes to asthma does student require an inhaler \_\_\_\_YES \_\_\_\_NO)

* Students who carry and administer their own inhaled medication **must have written *parent and physician authorization*** on file. See *Prescription Medication Authorization Form*.

\_\_\_\_ALLERGIES, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Epi-pen prescribed \_\_\_\_YES \_\_\_\_NO See *Prescription Medication Authorization Form.*
* Students who have an Epi-pen at school **must have written** *parent and physician authorization on file.*

\_\_\_\_SEIZURES, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_HEART CONDITION, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_BLEEDING DISORDERS

\_\_\_\_SCHOOL-RELATED LIMITATIONS REQUIRED BY A DOCTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_OTHER, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please provide a record of any immunizations received over the summer months\*\*\***

**DOES THIS STUDENT TAKE ANY MEDICATION?** \_\_\_\_YES \_\_\_\_NO

**WILL THE STUDENT NEED TO TAKE ANY MEDICATION DURING THE SCHOOL DAY?**

 \_\_\_\_YES \_\_\_\_NO

**\*\*\*If YES a *Medication Authorization Form* must be completed and have appropriate signatures before medication can be administered by CWASD staff.**

All (including Over-the Counter) medication that students may require during the school day must be provided to the school from home. Medications must be provided in the original package and be labeled for the appropriate student’s use. Medications will only be administered according to package directions or physician’s order.

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 PARENT/GUARDIAN SIGNATURE DATE

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| This information will be reviewed by the school nurse and used to update the school’s health record. Special needs or concerns will also be shared with appropriate personnel. |