

CHETEK-WEYERHAEUSER SCHOOL DISTRICT HEALTH INFORMATION 2016-2017

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.

PARENT/GUARDIAN SIGNATURE

DATE

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.