Plymouth Joint School District - HEALTH INFORMATION 2018-2019 School Year

STUDENT NAME:_____ DOB:_____ GRADE:____ GRAD. YR:_____

Please complete and sign below even if no health conditions exist.
Every effort will be made to protect the confidentiality of student health information.

ALLERGIES □ **NONE**

□ Food _____

□ Insect _____

□ Seasonal _____

□ Other _____

Can the allergy cause a severe reaction or anaphylaxis? □Yes □No
(If yes, please complete an *Allergy Health Action Plan**)

Does your child require emergency epinephrine? □Yes □ No

Does your child require an oral antihistamine? □Yes □ No
(If yes, please complete a *Medication Authorization Form**)

HAS YOUR CHILD BEEN DIAGNOSED WITH THE FOLLOWING CONDITIONS? □ **NONE**

□ ADD/ ADHD _____

□ Asthma (complete *Asthma Health Action Plan**) _____

□ Bladder/ Bowel Issues _____

□ Diabetes (school nurse will contact you) _____

□ Dietary Restrictions_____

□ Emotional/ Behavioral / Mental health _____

□ Epilepsy/ Seizures (complete *Seizure Health Action Plan**)

□ Other:

□ Head injury/Concussion Hx _____

□ Headaches/ Migraines _____

□ Hearing Loss/ Hearing aide _____

□ Heart Condition/ Bleeding Disorder _____

□ Orthopedic _____

□ Recent Surgeries _____

□ Vision: Glasses/ Contacts/ Other _____

MEDICATION: Is your child currently taking any medication? □ **Yes** □ **No**

Medication name:	For condition:	How often:	Taken at school?

If medication must be given at school, a *Medication Authorization Form** is required.

Wisconsin State Immunization Law *requires* all schools to have each student's immunization record showing the student has met all immunization requirements. It is the parent's responsibility to provide this record or sign an immunization waiver. Parents will be notified if the school does not have a complete record.

6th grade only – Students entering 6th grade need a Tdap (tetanus/diphtheria/pertussis) immunization. **Tdap date: _____**

*All health forms can be found on the Plymouth School District website or by contacting your school office. Visit www.plymouth.k12.wi.us, **Student & Parents/ Health Services**, for health information and forms.

Contact one of the District School Nurses if you have any health questions or concerns at 892-2661 x4136

_____ _____

Parent / Guardian Signature Date