

Beaver Dam Unified School District Health Record Information

Student Name: _____ Grade: _____ School: _____

In order to meet your child's health needs while at school, we request the following information.

Please complete and sign below even if no health needs exist. Standard first aid procedures are followed for all injuries and illnesses occurring during school. Please make sure we have a way to contact you in an emergency.

Has your child been diagnosed with any of the following conditions by a Healthcare Provider (check all that apply)? Is this a change from last school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Emotional/Behavioral/Psych	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other _____
Details/Specifics regarding condition:		

Allergies		
<input type="checkbox"/> Food	Specify: _____	Does your child require emergency epinephrine: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Insect	Specify: _____	Does your child require oral antihistamine? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seasonal	Specify: _____	<i>If yes to either, the medication will need to be provided by the Parent/guardian and a medication consent form is required in order to administer it at school.</i>
<input type="checkbox"/> Other	Specify: _____	

Other Medical Problems/Surgeries/Health Information:

Please contact the school if you wish to talk confidentially to the school nurse about your child's health condition.

MEDICATION: Is your child currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of medication:	Reason for medication:	When is it given?

***If the medication is to be given at school, a Medication Consent Form is required.*

<p>Wisconsin State Immunization Law requires all schools to have each student's immunization record showing the student has met state immunization requirements on file. It is the parents' responsibility to provide this record or sign an immunization waiver. Parents will be notified if the school does not have a complete record.</p> <p>I give permission to share my child's immunization record with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization. Check here if you do not give your permission: <input type="checkbox"/></p>
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6th Grade Only: Students entering 6th grade need a Tdap (tetanus/pertussis) or a Td (tetanus) containing vaccine within 5 years of September 1 the year they enter 6th grade (ex. current year – 5). Tdap or TD date: _____

This information will be utilized by the school nurse to develop a health plan for your child if necessary. Information regarding your child's health condition will be shared only with staff who need to know to assist your child in school.

Parent/Guardian Signature: _____ Date: _____