** WESTERN LINE SCHOOL DISTRICT **

**STUDENT HEALTH INFORMATION**

**2023-2024**

**The information requested on this form will provide the school with essential information regarding your child’s health needs. This information is completely confidential; however, it may be shared with appropriate school personnel, only as necessary.**

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work#: \_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work#: \_\_\_\_\_\_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CHECK THE APPROPRIATE BOX IF YOUR CHILD HAS ANY MEDICAL CONDITION.*

**\*\*\*\*Only those conditions diagnosed by a doctor.**

□ NO MEDICAL CONCERNS AT THIS TIME

□Anaphylactic Allergy □ Bladder/Bowel Problems □ Insulin □ Seizures

□ Stinging Insect Allergy □ Blood Disorder □ Insulin Pump □ Spina Bifida

□ Food Allergy □ Cerebral Palsy □ Hearing Problems □Asthma\*

□ Other Allergy \_\_\_\_\_\_ □ Cystic Fibrosis □ Heart Problems □ Other \_\_\_\_\_\_\_

□ Epi-Pen at School\*\* □ Glasses/Contacts □ Depression/Anxiety

□ Migraine Headaches □ Diabetes □ Hydrocephalic

**Care Plans**

The Western Line School district has healthcare management plans for the above medical concerns. Please contact the school nurse to request a health care plan for your child. Contact information is below.

**Medications at School**

**A medication form is to be completed and returned before any medication can be administered in school. See Western Line School District Policy (Administration of Medications at School) for more information.**

**Asthma Self-Administration Form**

**\*An Asthma Self-Administration Form is required if your student is to carry an inhaler at school. The form is available from the school nurse.** **The form must be completed and signed by your healthcare provider annually.**

**Epi-Pen Self Administration Form**

**\*\*An Epi-Pen Self-Administration Form is required to carry an Epi-Pen at school. The form is available from the school nurse. This form must be completed and signed by your healthcare provider annually.**

**List medications currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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