

Dear Parent:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to your child's school when you register.

Child's Name _____ Sex _____ Birthdate _____
School Attending _____ Father's Name _____ Mother's Name _____

HEALTH HISTORY: Please check (✓) the following if applicable to this child:

ADHD		Heart disorder	
Asthma		Hearing/Vision issue	
Autism		Mental health concern	
Bleeding disorders		Migraines	
Seizures		Musculoskeletal disorders	
Bowel/Bladder issue		Other (Fill in):	
Diabetes			
Food Allergies			

*Additional forms or health care plan may be required for some health conditions.

If you checked that your child has a health history, please explain. Also include any medical history that we should be aware of in the event of an emergency:

Does your child have allergies? Yes No If yes, to what? _____

Date of last reaction _____ What happened? _____ Is an Epi-Pen prescribed for allergy? Yes No

*Additional Allergy Care Plan may be required.

MEDICATIONS

Is your child currently taking medication(s) at home? Yes No

Name of medication(s) _____

Do you anticipate your child will need to take medications at school?

Yes No

Name of medication(s) _____

*Additional medication consent form will be required.

Is there anything more about your child that you think is important for us to know? Yes No If yes, please comment:

Parent Signature _____
Date

District Nurse Signature _____
Date

Nondiscrimination

The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.