

WSD STUDENT HEALTH INFORMATION FORM

Student Name: _____ Student Grade: _____

Dear Parent/Guardian:

Please read and complete the following important health information. This information used to be sent home every year at the bottom of the Emergency Contact form. You now complete emergency contacts online via Infinite Campus. Please read, complete, sign and return to school as soon as possible.

*Please note any concerns including, but not limited to, life-threatening allergies, post-concussion symptoms and any medical conditions or special health concerns such as seizures, diabetes, asthma, heart irregularities, etc. as well as any prescription medications taken at home.

By signing below, you acknowledge and consent that this information may be shared with persons that care for or supervise your child while at school and those persons who transport and/or supervise your child to and from school or during field trips.

*If your child becomes ill or injured at school, it is the responsibility of the parents to provide transportation home. In case of extreme emergency, when parents cannot be reasonably and/or timely contacted, by signing below, you give school staff permission to take whatever action deemed necessary for the health of your child, and to provide any health records or information necessary to a third party for the health of your child. You give your permission for your child to be taken to the nearest hospital in the event of a serious illness or injury.

*Please initial and sign below for the school nurse to administer the following:

_____ Acetaminophen (Tylenol) _____ Tums _____ Ibuprofen (Motrin/Advil)

Parent/Guardian Signature: _____ Date: _____