

School District of Bayfield

Annual Health and Emergency Information

Please verify health and emergency information.

STUDENT				
STUDENT'S Legal Name				
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i> <small>(Jr., II, III)</small>	<i>Nickname</i>
<i>Gender</i>	<i>Birth Date</i>		<i>Age</i>	<i>Grade</i>
MEDICAL PROVIDERS				
Practitioner and Clinic			Physician Phone Number	
HEALTH CONCERNS				
<input type="checkbox"/> NO KNOWN HEALTH CONCERNS			<input type="checkbox"/> ALLERGIES that may impact school performance or attendance. Food _____ Insect bite/sting _____ Latex _____ Other _____	
<input type="checkbox"/> DIABETES <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Non-insulin dependent				
<input type="checkbox"/> SEIZURE DISORDER Most recent seizure _____ Medication _____ at _____ home _____ Med needed at school _____			<input type="checkbox"/> ASTHMA _____ Mild _____ Moderate _____ Severe Medication at home _____ Medication needed at school _____	
<input type="checkbox"/> SEVERE ALLERGIC REACTION Allergic to _____ Describe reaction _____ Emergency medication needed at school _____			<input type="checkbox"/> OTHER HEALTH CONDITION (or medical history staff should be aware of in the event of an emergency) _____	

If this student will require medication at school, the Medication Authorization Form must be completed by parent/guardian AND medical practitioner before medication is given at school. If you want your student to be able to receive Over the Counter medications, given by the nurse complete the OTC Consent Form. (Available in the Student Handbook and Parent Mailing or from the School Nurse.) Please make sure to keep contact information up to date in case of emergency.

DISCLOSURE: I understand the information contained on this form will be kept confidential, but may be made available by the school nurse to school staff to ensure the health and safety of this student. This information will also be shared with emergency medical staff in the event of a health or safety emergency necessitating transport to a medical facility.

PARENT/GUARDIAN SIGNATURE	DATE

Adopted: 07-10-2017