

INDIAN COMMUNITY SCHOOL OF MILWAUKEE

Student Health Information 2016-2017

Complete and Return all packet forms to the Health Room prior to the beginning of the school year.

REQUIRED for ALL Students- Each Year

I. Student Information-

Student Name: _____ Grade: _____

Date of Birth: _____ Day Time Phone: _____

Address (complete): _____

Your Name/Relationship to Student: _____

II. Medical Information and Conditions-

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Please check all diagnosed conditions that apply to your child:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Kidney Condition | <input type="checkbox"/> Bone/Joint Condition | |
| <input type="checkbox"/> Vision Impairment | | <input type="checkbox"/> Hearing Impairment | |
| Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Hearing Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Respiratory Condition/Asthma | | <input type="checkbox"/> Allergies | |
| Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No | | EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> OTHER: _____ | | | |

List all known allergies, or state unknown cause:

*Is your child taking any prescribed medication at this time? Yes No

If yes, list medication name(s), dose(s), and reason for prescription:

III. Sharing Information-

For the safety of my child, I the parent/guardian/legal custodian of the above named child, give the School Health Room Staff permission to share medical information to members of the school staff who have an educational need to know that information, and with doctors/nurses and other health care professionals involved in care/treatment of my child, and with EMS personnel in the event of a medical emergency.



Signature of Parent/Guardian/Legal Custodian

Date

