Pardeeville Area School District
Annual Student Health Update

School Year _____
School _____

_____ _____ _____
Student Name Birthdate Grade

Does your child have any of the following as diagnosed by a physician? (Please circle YES or NO)

Yes No Asthma—past / present / inhaler at school
Yes No Diabetes Insulin Required: Yes No
Yes No Heart Problems: _____
Yes No Cancer: _____
Yes No High Blood Pressure
Yes No Rheumatoid Arthritis
Yes No Bleeding Problems
Yes No Seizure Disorder: Frequency _____
Yes No Migraine Headaches
Yes No Scoliosis
Yes No Vision Problems: ____Glasses _____Contacts
Yes No Hearing Problems: Hearing Aid ___R___L
Yes No Attention Deficit Hyperactivity Disorder (ADHD) / Attention Deficit Disorder (ADD)
Yes No Depression/Anxiety
Yes No Concussion
Yes No Surgeries List _____

Yes No Insect Sting Allergy
Insect: _____
Reaction: _____
Treatment: _____
Yes No Allergies to Medications
List: _____
_____
Yes No Food Allergies (Severity/Specifics)
Food: _____
Reaction: _____
Mild / Moderate / Severe – circle one
Treatment: _____
Yes No Seasonal/Other Allergies
List: _____
_____
Yes No Other Health Problems
List: _____

IF YOUR CHILD HAS A DIAGNOSED MEDICAL CONDITION – PLEASE CONTACT THE SCHOOL
SCHOOL NURSES: Beverly Muhlenbeck/Janette Sheeks 608-429-2153, ext. 236
HEALTH AIDE: Barbara Allen: 608-429-2151, ext. 149

Please list the medications that your child is taking (i.e., inhalers, insulin, antidepressants, etc.)

	Medication Name	Dose	Time Taken	Purpose
1				
2				
3				
4				
5				
6				

If your child needs to take medication during school hours, the parent/guardian must sign a Medication Request/Consent Form. **Prescription medications and some non-prescription medications require a doctor's signature**. Forms can be obtained from the office or online at www.pardeeville.k12.wi.us. Students **are not allowed** to carry medications with them unless it has been approved by the physician and parent (i.e., inhaler, epi-pens, glucagon). Questions can be directed to the school nurse/health aide.

*The above information is correct to the best of my knowledge. Should changes occur, I will notify the school to ensure appropriate understanding of my child's health status. It will be shared with appropriate school staff to assure a safe environment for my child.

_____ _____
Parent/Guardian Signature Date