

## Portage Community School District Annual Student Health Update

School Year **2017-2018**

**My child attends PreK at (circle): Endeavor/St. John's/St. Mary's/Little School/Learning Tree/Head Start/Alphabet Express**

	PreK	
Student's Name	Birthdate	Grade

Does your child have any of the following as **diagnosed by a physician?** (Please circle YES or NO) \_\_\_\_\_ NONE TO ALL

Yes No Asthma: Present ____ In past ____ Inhaler needed at school ____ Yes No Diabetes: ____ Insulin Required Yes No Heart Problems: _____ Yes No Cancer: Type _____ Yes No High Blood Pressure Yes No Rheumatoid Arthritis Yes No Bleeding Problem: Yes No Seizure Disorder: Type: _____ Last seizure: _____ 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) Treatment: _____ Yes No Depression Yes No Anxiety Yes No Organ transplant Organ(s): _____	Yes No Insect Sting Allergy Insect: _____ Reaction: _____ Treatment: _____ Yes No Allergy to Medication List: _____ Yes No Food Allergies (Severity/Specifics) Food: _____ Reaction: _____ Mild / Moderate / Severe -circle one Treatment: _____ Yes No Seasonal /Other Allergies List: _____ Yes No Operations or Surgeries List: _____ Yes No Mobility concerns List: _____ Yes No Other Health Concerns or Diagnoses List: _____
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**IF YOUR CHILD HAS A DIAGNOSED MEDICAL CONDITION - PLEASE CONTACT THE DISTRICT NURSE: VALERIE HON, RN AT (608) 742-4867, EXTENSION 4131**

**Child's Physician:** \_\_\_\_\_

**Clinic number:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Clinic number:** \_\_\_\_\_

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 PreK school hours, the parent/guardian must complete a Medication Request/Consent Form. **Prescription medications and some non-prescription medications require a doctor's signature.** Forms can be obtained from the District Registrar or online. Students **are not allowed** to carry medications with them unless it has been approved by both the physician and parent (i.e., inhaler, epi-pens, glucagon). Questions may be directed to the school nurse.

The Portage School District Nurse will work with PreK staff to complete the medication training required by Wisconsin Statutes.

\*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. This information will be shared with appropriate school staff to assure a safe environment for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date