



# Racine Unified School District Office of Health Services

## Yearly Student Health Information Form

CONFIDENTIAL - DO NOT DUPLICATE- RETURN TO HEALTH ROOM

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Primary Doctor: \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

### Student Health Information:

My child is **NOT** being treated for any health conditions at this time.

My child has the following health conditions:

\_\_\_\_ **ADD/ADHD**      \_\_\_\_ **Asthma**      \_\_\_\_ **Diabetes**      \_\_\_\_ **Seizures**

\_\_\_\_ **Allergies:**    Food: \_\_\_\_\_

Insect/stings: \_\_\_\_\_

\_\_\_\_ **Other:** \_\_\_\_\_

### Parent/Guardian is responsible for:

- Notifying the nurse of any health condition that may require medical treatment such as medication, an emergency/health plan or other health related accommodations, update as needed and yearly.
- Providing all medications that the student will need at school. Medications must be brought to the school by the parent/guardian in the original sealed manufacturer's packaging or pharmacy labeled container.
- Providing forms for any medical condition. Medication forms can be found at **Rusd.org > Departments > Health Services > Forms**, dietary forms can be found at **Rusd.org > Departments > Food Service > Food Allergies & Special Dietary Needs > English Medical Statement**.

### In Case of Medical Emergency:

- The student will be transported to the nearest emergency department.
- The parents or guardians are responsible for emergency treatment or expense.

### Permission: I hereby give permission for:

- Emergency first aid treatment for my child.
- My child's health information to be given to school district personnel who have an educational need to know. I understand that my child's medical diagnoses may be disclosed. I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of this information with additional protection afforded by Wisconsin Statutes 118.25(2m) (a) (b) and 146.82-146-83.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into IC initials/date: \_\_\_\_\_

Reviewed by RN Initials/date: \_\_\_\_\_