Kaukauna Area School District

Health Information & Emergency Consent



	ame		Bii tii uate	Grade			
Statement of your child's health in your own words:							
Medical Conditions:	: Check	any of	f the follow	ving your child has had or	now ha	s.	
	YES	NO	WHEN		YES	NO	WHEN
ADD / ADHD *				Joint problems / Arthritis			
Asthma				Kidney trouble			
Cancer				Mental health *			
Concussion				Migraines			
Diabetes				Frequent Nosebleeds			
Frequent Headaches				Seizures with fever			
Heart trouble				Seizures without fever			
Hepatitis				Skin conditions			
High blood pressure				Tuberculosis			
6 r							
Frequent Indigestion				Chicken Pox			
Frequent Indigestion Wears Hearing Aides Parents of elementary s				Wears Glasses sis in any of the areas starre			
Frequent Indigestion Wears Hearing Aides Parents of elementary s information from the clafter the school year sta information upon reque information for your ch	assroom arts and a est to the aild, pleas	teache is need school se noti	er on their cled throughout nurse. If y fy the nurse	Wears Glasses	nat diagn dents will viving thi	osis a fe l receive s type o	ew weeks e this f



Name				Birth date	G	rade
Allergies: Is y	your child alle	rgic to a	ny of the f	Following? (Circle ap	propriate respon	nse)
Animals	YES / NO		Food	YES / NO	Medication	YES / NO
Bee Stings	YES / NO		Latex	YES / NO	Seasonal	YES / NO
				r <u>ed</u> ? YES / NO provide one for schoo	ol use? YES	/ No
-	-	-	• •	oms your child may e	-	
Over-the-Cou	inter Medicat	ion Adn	ninistratio	on Consent		
nurse, to admir	nister the follo	wing sel	lected ove	ealth assistant under r-the-counter medica r child for the duratio	tions in the dos	e strength
Acetaminophe	n (Tylenol)	yes /	no	Ibuprofen		yes / no
Antacid (Tums	s)	yes /	no	Antihistamine ((Benadryl)	yes / no
Cough/cold		yes /	no			
Additional par	ent instruction	1				
trips. It is the parand from s Release of hea	rent/guardian' chool and for alth informat	s respor school s	nsibility to ponsored emergence	y treatment	nedications for	traveling to
appropriate scl when I cannot information to medical servic intervention for	nool personne be reached, I my child's de es staff. I also or my minor ch	as need authorize signated authori aild in th	ed. Furth e school p emergend ze treatme e event of	and emergency informermore, in the event of the error error error error to notify and error error error (s), ent, administration of a medical situation of to contact me.	of an emergence of release pertinous physician, and anesthesia, and	y or illness, ent health or emergency I surgical
Signature of Pa	arent / Legal (Guardian			Date _	