HEALTH INFORMATION UPDATE FOR SCHOOL YEAR 2016-17
CHIPPEWA FALLS SCHOOL DISTRICT

Directions: Complete one Health Information Update form for each student enrolled in the Chippewa Falls School District. This information will be reviewed by the School Nurse and used to update the school's Health Record. It will also be shared with appropriate personnel. **► PLEASE PRINT ◄**

Student's LEGAL Name: _____
(Last) (First)

Date of Birth: _____ Grade _____ Sex _____
(Month) (Day) (Year)

List below the medications the student will take during school hours.
Please obtain the form "Administer Medication", complete and return to the Health Services office.

MEDICATIONS (taken during school hours): DOSAGE: TIME(S) ADMINISTERED:
1. _____
2. _____
3. _____

Does this student have a major medical condition? _____ NO _____ YES...If yes, indicate all that apply.

_____ ADD / ADHD (circle one)
_____ Asthma or Allergies, please specify_____
_____ Bleeding Disorders
_____ Diabetes
_____ Heart Condition
_____ Medical Dietary Restrictions
_____ Seizures
_____ Vision or Hearing. Please specify_____
_____ Other, please specify _____

Is this student currently receiving treatment for any of the above? _____ NO _____ YES
If "YES", please specify: _____
_____

MEDICATIONS (taken at home): DOSAGE: TIME(S) ADMINISTERED:
1. _____
2. _____
3. _____

List any recent immunizations and dates. _____

Booster vaccines of Tdap required for 6th grade..

Please specify any school-related limitations or special considerations required by the doctor.
_____
_____

Please specify any other relevant health information or concerns that you wish to make school personnel aware of on the reverse side of this form.

_____ _____
(Parent's / Guardian Signature) (Date)