Wausau School District

Student Health Information

Name _____ M/F Birth Date_____ Grade _____ School _____

The health information provided will be reviewed by the school nurse and confidentially shared with staff, as needed.

Please circle if your child has any of the following conditions and give details under explanation.

Condition	**Explanation**
Allergy (food, insect, drug, latex)	
ADD/ADHD	
Breathing problem/asthma	
Bladder/bowel concern	
Bleeding disorder	
Bone/ joint/muscle condition	
Cancer	
Concussion/head injury	
Diabetes	
Diet/eating concern	
Headaches	
Heart condition	
Immunity concern	
Mental health concern	
Seizures/epilepsy	
Skin condition	
Stomach/intestinal condition	
Surgery	
Vision/hearing concern	
Other health concern	
NO health concerns	

Medications: _____
Will any medications be taken at school? Yes/No

Please list any other information about your child that would be helpful to staff working with your child.

_____
_____
_____

Parent/guardian signature: _____ Relationship: _____ Date: _____

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Nurses//policy Student Health Information
Revised: March 1996, April 2001, January 2012, January 2016