Lake Country School District
Student Enrollment Information
2024-2025 School Term

STUDENT HEALTH HISTORY FORM

District Nurse: 262.367.3606 x129

This form shall be completed by the parent/guardian of any child that is enrolled at or applying to Lake Country School. Please return this form when registering your child. Any information given will be treated confidentially. **Return this form to the school office.**

Date:_____

_____ _____ _____
Student's First Name Student's Last Name Student's Date of Birth

Health History (check all that apply):

- ❑ ADHD
- ❑ Allergies
- ❑ Asthma
- ❑ Autism
- ❑ Bleeding Disorder
- ❑ Seizures
- ❑ Bowel/Bladder Issue
- ❑ Diabetes
- ❑ Food Allergies
- ❑ Heart Disorder
- ❑ Hearing/Vision Isse
- ❑ Mental Health Concern
- ❑ Migraines
- ❑ Musculoskeletal Disorder
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

If you checked that your child has a health history, please explain. Our school nurse will contact you for additional information if needed. Also include any medical history that we should be aware of in the event of an emergency.

_____

_____

_____

_____

ALLERGIES:

Does your child have allergies? ❑ Yes ❑ No Allergic to: _____

Date of last reaction: _____ Is Epi-Pen prescribed for allergy? *Allergic Reaction Plan Needed* ❑ Yes ❑ No

What happened? _____

MEDICATIONS: Is your child <u>currently</u> taking any medication(s) at home? ❑ Yes ❑ No

Name of medication(s): _____

Will your child need any medication(s) at school? *Medication Authorization Form Needed* ❑ Yes ❑ No

Name of medication(s): _____

IS THERE ANYTHING MORE ABOUT YOUR CHILD THAT IS IMPORTANT FOR US TO KNOW?

_____

_____

_____

X ____

Parent/Guardian Signature Date