



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 > special diet evaluation forms**.

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: _____