

HORICON SCHOOL DISTRICT STUDENT HEALTH HISTORY UPDATE

NAME	SCHOOL	GRADE
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CHRONIC CONDITIONS

	YES	NO	DESCRIBE	TREATMENT
DIABETES: type 1 type 2 (circle one)				
HEART PROBLEMS				
MIGRAINE HEADACHE				
SEIZURES (list type)				
OTHER				

ALLERGIES

ANAPHYLAXIS – A SUDDEN SEVERE WHOLE BODY ALLERGIC REACTION REQUIRING EMERGENCY CARE

DOES YOUR STUDENT HAVE ANY ALLERGIES? YES NO	
STUDENT IS ALLERGIC TO THIS FOOD:	THIS CAUSES ANAPHYLAXIS? YES NO
Describe the reaction if this food is eaten and what is done to manage it:	
STUDENT IS ALLERGIC TO THIS MEDICATION:	THIS CAUSES ANAPHYLAXIS? YES NO
Describe the reaction and how it is managed:	
STUDENT IS ALLERGIC THIS INSECT:	THIS CAUSES ANAPHYLAXIS? YES NO
Describe the reaction and what is done to manage it:	
OTHER ALLERGY:	THIS CAUSES ANAPHYLAXIS? YES NO
Describe reaction and what is done to manage it:	

ASTHMA

HAS YOUR STUDENT BEEN DIAGNOSED WITH ASTHMA? YES NO	
WHAT TRIGGERS YOUR CHILD'S ASTHMA? ACTIVITY ALLERGIES COLDS/VIRUS OTHER	
WHAT SYMPTOMS DOES YOUR CHILD HAVE?	
WHAT TREATMENT RELIEVES YOUR CHILD'S ASTHMA?	
*DOES YOUR CHILD USE AN INHALER? YES NO	DOES YOUR CHILD USE A NEBULIZER? YES NO

MENTAL, EMOTIONAL AND SOCIAL HEALTH

STUDENT HAS BEEN DIAGNOSED WITH ATTENTION DEFICIT DISORDER (ADD) OR ADHD?
STUDENT HAS A PSYCHIATRIC DIAGNOSIS SUCH AS (CIRCLE): DEPRESSION OCD PANIC ODD ANXIETY BIPOLAR DISORDER
STUDENT HAS AN EMOTIONAL HEALTH CONCERN?
IN THE PAST YEAR STUDENT HAS SEEN OR IS CURRENTLY SEEING A PROFESSIONAL TO ADDRESS MENTAL/EMOTIONAL CONCERNS?

*MEDICATION – INCLUDE ALL ORAL, INHALED, INJECTABLE AND TOPICAL/PATCH MEDICATIONS

NAME OF MEDICATION	REASON FOR TAKING	DOSE	TIME(S) TAKEN	*AT SCHOOL
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

***PLEASE NOTE: WISCONSIN LAW REQUIRES A SIGNED PHYSICIAN CONSENT FORM YEARLY FOR ALL PRESCRIPTION MEDICATIONS ADMINISTERED IN SCHOOL (K-12) INCLUDING ALL INHALERS. PHYSICIAN CONSENT IS REQUIRED FOR STUDENTS TO CARRY THEIR OWN INHALER AT SCHOOL. PARENTS REQUIRED TO SEND INHALER WITH STUDENT ON FIELD TRIPS.**

I GIVE PERMISSION TO SHARE THE ABOVE INFORMATION WITH APPROPRIATE STAFF ON A "NEED TO KNOW" BASIS.	
PARENT/GUARDIAN SIGNATURE	DATE