



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## HEALTH INFORMATION

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gr: \_\_\_\_\_ Sex:  M  F

Physician's Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

### HEALTH CONDITIONS

Check here if your child has no existing health conditions.

- Allergy-Food: \_\_\_\_\_  Intolerance  Mild/Moderate  Life Threatening
- Allergy-Insect: \_\_\_\_\_  Intolerance  Mild/Moderate  Life Threatening
- Allergy-Latex: \_\_\_\_\_  Intolerance  Mild/Moderate  Life Threatening
- Allergy-Other: \_\_\_\_\_  Intolerance  Mild/Moderate  Life Threatening
- Asthma Triggers: \_\_\_\_\_  Intolerance  Mild/Moderate  Life Threatening
- Attention Deficit Hyperactivity Disorder (ADHD)
- Diabetes  Type 1-Insulin Dependent  Type 2
- Vision  Wears Glasses  Wears Contacts

Other Health Conditions or Comments:

Check here if you would like to further discuss your child's health conditions or medical needs listed above with the school district nurse.

*If your child has a life-threatening condition, medication and/or treatment orders from your licensed healthcare provider is required.*

*\*Signed authorization from parent (& physician for prescription) must be on file for medication administration.  
All health forms can be found on the district website at [www.easttroy.k12.wi.us](http://www.easttroy.k12.wi.us) > District > Forms > Health Forms*

### PARENTAL CONSENT FOR EMERGENCY TREATMENT/TRANSPORT

The information provided on this form is accurate and complete to the best of my knowledge and will be shared with appropriate school and/or emergency personnel on a need to know basis. In the event of serious illness or significant injury, my child will be transported to the hospital listed or the closest emergency room. Emergency personnel will provide the necessary transportation and needed emergency treatment for my child. Every effort will be made to contact parent(s)/guardian(s) in the event of an emergency. Please notify the school office in writing if permission is not granted for emergency transport and/or treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_