CONFIDENTIAL HEALTH INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender ☐ M ☐ F	Grade
School Name:			Primary Care Provider:		

CURRENT HEALTH CONCERNS

Please check the following health concerns that may impact the student's educational day. This information may be shared with WCS staff as appropriate.

☐ **The student does not have any medical concerns**

☐ ADD/ADHD
☐ allergies **(choose all that apply)**
  ☐ foods ________________________________
  ☐ bee sting/insect bite ____________________
  ☐ medicines ____________________________
  ☐ pesticides/chemicals* __________________
  ☐ other ________________________________
☐ asthma: Has the student an asthma episode in the past 12 months? ☐ Yes ☐ No
☐ blood disorder (sickle cell, hemophilia, etc.)

☐ cancer
☐ diabetes
☐ hearing problems ☐ hearing aid(s)
☐ heart problems ______________________________
☐ mental health diagnosis ______________________
☐ nose bleeds
☐ physical disability ____________________________
☐ vision problems _____________________________
  ☐ glasses ☐ contacts
☐ seizures

☐ other ____
☐ **This information is a change in health condition from last school year**

Concussion: Has the student had a concussion in the past 12 months? ☐ Yes ☐ No

MEDICATIONS

List all medications and dosages your child receives on a routine basis

☐ Medications are not required at school

If the student requires over-the-counter or prescription medications at school, the health care provider and parent ***must*** *complete and submit the appropriate authorization form(s) prior to sending medication to school. Obtain forms from your child's school or at www.wilsonschoolsnc.net (click on Parents, then click link for Medication Administration Form)*

Medications: ____

____

EMERGENCY CONTACTS

Parent/Guardian name: (Please Print): ______________________________________ Phone # ____________________
Parent/Guardian name: (Please Print): ______________________________________ Phone # ____________________
Alternate Contact: ____ Phone # ____________________
Alternate Contact: ____ Phone # ____________________

Signature of Parent/Guardian: ____ Date: ________________