

# SCHOOL DISTRICT OF NIAGARA STUDENT HEALTH INFORMATION 2020 – 2021

The following health information is confidential, but pertinent health information may be shared with school staff on a need-to-know basis to provide the best care for your child. If you do not want health information shared, you must provide a written request.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please see the school nurse for any items marked "yes" in the following questions 1-5.

## 1. ALLERGIES

\_\_\_\_\_ YES **FOOD: What type of food?** \_\_\_\_\_

Medication needed to treat reaction at school? Yes \_\_\_\_\_ (CALL/SEE NURSE) No \_\_\_\_\_

Type of Medication: EPI-PEN \_\_\_\_\_ Antihistamine \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ YES **Bee/Wasp Sting:**

Medication needed to treat reaction at school? Yes \_\_\_\_\_ (CALL/SEE NURSE) No \_\_\_\_\_

Type of Medication: EPI-PEN \_\_\_\_\_ Antihistamine \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ YES **Other Allergies:** Please List: \_\_\_\_\_

Medication needed at school for symptoms? Yes \_\_\_\_\_ (CALL/SEE NURSE) No \_\_\_\_\_

## 2. ASTHMA

\_\_\_\_\_ YES Asthma triggers: \_\_\_\_\_

Medication needed to treat symptoms at school? Yes \_\_\_\_\_ (CALL/SEE NURSE) No \_\_\_\_\_

Inhaler \_\_\_\_\_ Nebulizer \_\_\_\_\_ Other \_\_\_\_\_

## 3. DIABETES

\_\_\_\_\_ YES **Call/See Nurse**  
**Medication taken at school:** Insulin \_\_\_\_\_ Oral \_\_\_\_\_

## 4. SEIZURE DISORDER

\_\_\_\_\_ YES **Call/See Nurse**  
**Medication taken at school:** \_\_\_\_\_

## 5. Does your child have any other health conditions/concerns the school should be aware of?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please list medical condition or health/other concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Please list routine daily medications your child will need to take during the school day:

Medication \_\_\_\_\_ Time \_\_\_\_\_ (Contact the school nurse)

Does your child wear: Glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_

I give my child permission to participate in hearing/vision screening: Yes \_\_\_\_\_ No \_\_\_\_\_

Any other information you feel would be helpful to school personnel in caring for your child at school:  
\_\_\_\_\_  
\_\_\_\_\_

If emergency care is required, and no one can be reached, may the school authorities use their judgment in caring for your child? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, indicate plan to follow: \_\_\_\_\_

Your signature gives the school personnel and hospital permission to provide first aid/other medical/emergency care, and is intended for use throughout this school year. Please notify the school personnel of any changes by calling 715-251-4541.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# SCHOOL DISTRICT OF NIAGARA 2020-2021

## DATA CONSENT FORM

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Have reviewed, understand, and agree to contents of the Student Handbook. YES/NO (Circle One) Initial: \_\_\_\_\_

Permission to use student's photographs on web page, social media and local newspapers. YES/NO (Circle One) Initial: \_\_\_\_\_

Student and parent have read and understand the guidelines for the use of the Internet at the School District of Niagara as written in the Technology Use agreement section of the Student Handbook. YES/NO (Circle One) Initial: \_\_\_\_\_

Permission for your child to participate in school sponsored field trips. YES/NO (Circle One) Initial: \_\_\_\_\_

Have completed the Emergency Dismissal Information form. (Grades K-8) YES/NO (Circle One) Initial: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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