Annual Student Emergency and Health Update
Lomira School District

Student Name: ____ **Grade:** ___________
Last *First* *Middle Initial*

Does your child have any of the following as diagnosed by an appropriate health care provider?

Yes No **Asthma**
If yes, what kind of rescue Inhaler?
____
Will it be taken at:
School or Home or Both
If yes for inhaler is to be taken at school, please fill out asthma action plan.

Yes No **Diabetes**
If yes, Type 1 or Type 2? _______________
Yes No **Seizure Disorder**-if so, type & treatment
____
If yes and Diastat is needed at school, please fill out seizure action plan.

Yes No **Heart Problems**
Yes No **Bleeding Disorder**
Yes No Migraine Headaches
Yes No Environmental/Seasonal Allergies
____
____

Yes No **Concussion History**—include dates:
____

Yes No **Vision** Problems
______Eyeglasses _____Contacts

Yes No **Hearing Difficulties**
Hearing Aids: Right_____ Left_____

Recent Surgeries:_______________________________
____
____

Yes No Attention Deficit Disorder
With Hyperactivity (ADHD) ___________
Without Hyperactivity (ADD)__________

Yes No Depression/Anxiety
Under treatment? __________

Yes No **Bee Sting Allergy**—if so, reaction & treatment:
____
____
If yes and Epi Pen is needed at school, please fill out allergy action plan.

Yes No **Food Allergies**-- if so, what foods?
____
____
____
Reaction & Treatment:______________________
____
If yes and Epi Pen is needed at school, please fill out allergy action plan.

Yes No **Animal Allergies** ______________________

Yes No **Medication Allergies**—which ones:________
____

Other Health Concerns/Additional Information:
____
____
____
____
____

Please List Prescription Medications taken at *home*—include insulin, inhalers, anti-seizure medication, etc.:

Medication*	Dose	Times Taken	Purpose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Will Medication be taken at *school*? Yes No

***If your child needs to take medications during school hours, the parent or guardian must sign a medication permission slip which can be obtained from the office or online. Concerns may be directed to the district nurse at 920-269-4396 ext. 117.**

****If <u>Emergency treatment</u> is required and the parents cannot be reached immediately, may the school authorities use their own judgment in obtaining medical care such as calling doctor/dentist/ambulance? Yes_______ No_______**
If "No", what do the parents want done? ____

The above information is correct to the best of my knowledge. This form may be shared with emergency personnel.

X____
Signature ***Date***