

**SUN PRAIRIE AREA SCHOOL DISTRICT**  
**Health Information Form**

Dear Parent/Guardian:

In order for the Sun Prairie School District to provide safe health services for your child (in the event of illness or injury) we must have some health information on file. We need to have this information clarified before your child starts classes for your child's safety. The District Nurse will review this information and contact you if more information is needed. Thank You. Debbie Brown, District Health Nurse 834-6583.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

\*\*\*If you need more space please write on the back\*\*\*

Have you or caregivers for your child ever been concerned about his/her development (physical or cognitive)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Is your child in any of the following programs? \_\_\_\_\_ ED \_\_\_\_\_ LD \_\_\_\_\_ CD

Has your child ever had a serious injury? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does your child have any mental health concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does your child have any of the following conditions?

Diabetes	_____ Yes	_____ No			
Asthma	_____ Yes	_____ No	_____ Mild	_____ Moderate	_____ Severe
	If yes, does he/she have an inhaler? _____				
Epilepsy or Seizures	_____ Yes	_____ No	If so, what type? _____		
	Is he/she on medications? _____ When was the last seizure? _____				
Heart Condition/Disease	_____ Yes	_____ No			
Allergies(include food)	_____ Yes	_____ No	If yes, to what? _____		
Vision Problems	_____ Yes	_____ No			
Hearing Problems	_____ Yes	_____ No			
Constipation/Encopresis	_____ Yes	_____ No			
Kidney or Bladder Problems	_____ Yes	_____ No			
Skin Rashes/Eczema	_____ Yes	_____ No			
Bone, Muscle, Joint Problems	_____ Yes	_____ No			
Attention Deficit Disorder ADD/ADHD	_____ Yes	_____ No			
Activity Restriction	_____ Yes	_____ No	Date of last Tetanus Immunization _____		

Does your child have any health concerns not listed above? If so, please explain. \_\_\_\_\_

Does your child take any medications? \_\_\_\_\_ Please list the name(s) & dosage if known \_\_\_\_\_

Please list any questions or concerns you may have about your child's health \_\_\_\_\_

Can medical information be shared with school staff involved with your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

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