

DEPARTMENT OF HEALTH SERVICES

PARENT’S REPORT OF PUPIL’S HEALTH CONCERN

Pupil’s name _____ DOB _____ Grade _____

PLEASE CHECK THE APPROPRIATE BOX(ES)

- My child has no health concern.
My child is allergic to
My child is under the care of a doctor for the following health condition that may affect his/her school experience. Health Condition:

My child’s symptoms are:

My child has these symptoms: (check one) Frequently Occasionally Seasonally

These symptoms may affect my child’s school experience by:

AT HOME - My child takes the following medications: (leave blank, if none)

- 1. Medicine name Dosage Time medicine is taken Side effects related to this medicine:
2. Medicine name Dosage Time medicine is taken Side effects related to this medicine:

Note: If your child has to take any prescription or over-the-counter medicine during school hours, both you and your doctor will need to complete a REQUEST TO ADMINISTER MEDICATION forms – available from the School Nurse or the Wichita Public School website – healthservice.usd259.org

I will let the school know if my child’s health condition changes.

Date

Signature of Parent or Lawful Guardian

Home & Cell Phone Numbers

PARENT’S PERMISSION TO EXCHANGE INFORMATION

To give the School Nurse permission to visit with your doctor regarding the above health condition please sign below.

I hereby authorize the Wichita Public School’s Health Services Staff and the following physician and/or agency:

Doctor’s Name Phone Fax Address

to exchange pertinent information relating to health and school activities for the child named above.

I understand this exchange will be valid from date signed below until the first day of the following school year.

I also understand that I may revoke this exchange at any time by submitting in writing a request to do so to the above named school (ATTN: School Nurse) and the above named physician.

In accordance with local board policy and the Federal Education Rights and Privacy Act, school records may be reviewed by the parents of minors and by the pupil when he/she becomes 18 years of age, and pupil records must be transferred on to a pupil’s new school.

Date

Signature of Parent or Lawful Guardian