

**Health Questionnaire
Woodland Park School District RE2**

ALL STUDENTS RETURNING OR NEW TO THE DISTRICT MUST COMPLETE THIS FORM

Has your child attended school in Woodland Park School District in the past? Yes No
When was the last year your child attended school here? What Grade?

Student's Name M F _____ Birth Date _____ Grade _____ Today's Date

Health Concerns (Please check all that apply)

- | | |
|--|---|
| Convulsive Disorder
Bone/Joint Disease
Tuberculosis
Rheumatic fever
Speech Problems
Dental Problems
Vision Problems
Asthma [diagnosed by doctor]
Frequent Headaches
Migraines [diagnosed by doctor] | Heart Condition
Diabetes
Ulcer/Stomach Problems
Hearing Problem
Frequent Ear Infections
Wears Glasses/Contacts
Allergies [PLEASE LIST]

_____ |
|--|---|

If your child has any of the above health conditions or any other physical or emotional health concerns such as ADHD, ADD, Bipolar Disorder etc. not listed above, please describe below:

Is your child taking any medications [prescription or over-the-counter]? Yes NO
Name any medication[s] and what they are prescribed for:

Does this medication need to be given at school Yes No

[IF YES PLEASE REQUEST A PERMISSION FORM REQUIRED FOR MEDICATIONS AT SCHOOL]

Please initial here if your child can be given or offered sunscreen by school personnel: _____
List any recent immunization booster [s] and date[s] received: _____
Has your child had Chicken Pox? Yes No If yes, please indicate date: _____
Has your child had any serious illnesses, operations or injuries? Yes No
If yes, please indicate date and describe:

Does your child have any requirements for special attention at school because of health problems [diet, limited activities, etc.]? Yes No
If yes, please describe:

Has your child ever experienced a Head Injury or Concussion? Yes No
If Yes please explain:

THE SCHOOL HAS MY PERMISSION TO RELEASE PERTINENT MEDICAL INFORMATION TO APPROPRIATE PERSONNEL

Parent/Guardian Signature _____ Date _____ EMERGENCY NUMBER

Woodland Park School District RE-2

Standing Order for Over-The -Counter

Medication Permission Form

2018-2019 School Year

Student: _____ DOB: _____ Grade: _____

I give permission for WPSD RE-2 to administer the following OTC medication to my child to assist him/her to complete the school day. I understand this is for emergencies only and if my child needs the following medication on a regular basis I will fill out the standard Medication Permission form and supply the OTC medication for my child. This form will need to be completed annually.

_____ **I would not like my child to receive any Over-The-Counter medications.**

Initial below for each medication you would like the school to administer if requested by the student.

_____ Acetaminophen/Tylenol

_____ Ibuprofen/Advil

_____ Cough Drops/Throat Lozenges (Parent should send to school)
The school will have peppermints.

_____ Antacid/Tums

_____ Diphenhydramine/Benadryl

List any allergies your child has to medications:

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Woodland Park RE-2 School District, the undersigned parent or guardian hereby agrees to release Woodland Park RE-2 and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

Yes___ No___ I would like to be contacted prior to any medication being administered.

Parent/Guardian Signature: _____ Date: _____