

USD #292 WHEATLAND GRADE SCHOOL/HIGH SCHOOL-HEALTH UPDATE

HEALTH NEEDS/CONCERNS:

In order for us to be able to share your child’s health concerns with school staff, we need you to fill out this form at the beginning of each school year. WE MUST HAVE YOUR SIGNATURE BEFORE WE CAN SHARE INFORMATION WITH STAFF MEMBERS.

Special health needs or concerns: _____

Allergies: _____

Please list any medications your child takes on a regular basis: _____

I also give my consent for immunizations on my students to be released to the KS Immunization Program (Kansas Web IZ) for the purpose of assessment and reporting. _____YES _____NO

Parent/Guardian Signature Date Telephone Number

HEALTH SERVICES PROVIDED THROUGHOUT THE SCHOOL YEAR: Please mark out any services you do not wish your child(ren) to receive.

PRE-SCHOOL – Vision, Hearing, Speech, Development, Height & Weight Assessment

ELEMENTARY- Vision, Hearing, Dental, Height & Weight Assessment

JR. HIGH- Vision, Hearing, Dental, Scoliosis, Height & Weight Assessment

SR. HIGH-Vision, Hearing, Dental, Height & Weight Assessment

Parent/Guardian Signature Date

THESE HEALTH SERVICES WILL BE PROVIDED FOR ALL STUDENTS UNLESS THIS SIGNED REFUSAL FROM PARENT/GUARDIAN IS RETURNED TO THE SCHOOL OFFICE BY SEPTEMBER 1.

_____ STUDENT NAME	_____ GRADE	_____ STUDENT NAME	_____ GRADE
_____ STUDENT NAME	_____ GRADE	_____ STUDENT NAME	_____ GRADE
_____ STUDENT NAME	_____ GRADE	_____ STUDENT NAME	_____ GRADE