WILMOT UNION HIGH SCHOOL - ENROLLMENT EMERGENCY / HEALTH FORM

STUDENT INFORMATION:

Last Name	First Name	Middle Name	Birth Date	Grad Year
Address	Mailing Address (if different)		Parents Home Phone	

PARENT INFORMATION (Primary Residence/Family #1):

Parent/Guardian #1/Family #1	Relationship	Phone (Work/Cell)	Phone (Work/Cell)
Email Address Parent/Guardian #1/Family #1			
Parent/Guardian #2/Family #1	Relationship	Phone (Work/Cell)	Phone (Work/Cell)
Email Address Parent/Guardian #2/Family #1			

PARENT INFORMATION (Family #2):

Parent/Guardian #1/Family #2	Relationship	Phone (Home/Work/Cell)	Phone (Work/Cell)
Email Address Parent/Guardian #1/Family #2			
Parent/Guardian #2/Family #2	Relationship	Phone (Home/Work/Cell)	Phone (Work/Cell)
Email Address Parent/Guardian #2/Family #2			
Address			

ADDITIONAL EMERGENCY CONTACTS:

Name	Relationship	Phone #1	Phone #2
Name	Relationship	Phone #1	Phone #2

Confidential Health Information: If your child's doctor has told you that your child has any of the problems noted below, place an "X" in the box and answer the accompanying questions.

- ☐ **MY CHILD HAS NO KNOWN HEALTH CONDITIONS**
- ☐ **MY CHILD'S HEALTH CONDITION IS POTENTIALLY LIFE THREATENING**
- ☐ My Child has the following health conditions:
  - ☐ **Allergies,** Types:
    - ☐ Bees/Wasps/ Other Insects
    - ☐ Foods: ______________________
    - ☐ Seasonal
    - Describe Allergic Reaction: ______________________
    - ☐ Latex/Rubber
    - ☐ Medications: ______________________
    - ☐ Other Allergy: ______________________
    - Treatment: ______________________
  - ☐ **Asthma** or other breathing problems (list triggers & treatment): ______________________
  - ☐ **Attention Deficit Disorder** with/without hyperactivity - Medications? ______________________
  - ☐ **Diabetes** (type, testing method, dosing method): ______________________
  - ☐ **Emotional/Psychological/Behavioral Problems** (describe) Medications? ______________________
  - ☐ **Heart Condition** (describe) Medications? ______________________
  - ☐ **Seizure Disorder** (describe type) Medications? ______________________
  - ☐ **Vision, Hearing, or Speech problem:** ______________________
    - ☐ **Glasses** ☐ **Contacts** ☐ **Hearing Aids** ☐ **Other:** ______________________
  - ☐ **Other Health Condition**(s) Not Listed: ______________________
- ☐ **Additional Information:** *****Please provide any additional information on the back of this form*****

I give my permission for the school nurse or designee to provide care for my child in the event or illness or injury under the guidelines of school policies. If my child becomes ill at school and you cannot reach me by phone, the principal or his designee has my permission to contact one of the emergency contacts I have provided. You have my permission to contact the student's physician for consult if needed. If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the nearest hospital. (All expenses charged by the hospital/rescue squad are the responsibility of the parent/guardian.) I understand that in order to accommodate the health needs of my child, this information, and other health conditions that may arise, will be shared as needed with all Wilmot Union High School staff with which my child will have contact.

Signature of Parent/Guardian	Date

All medication taken during the school day is required to have a completed medication form on file to and be kept in the nurse's office, with the exception of epinephrine injectors, and inhalers per WI Statute. Medication forms can be found at the following link:
https://www.wilmothighschool.com/families/medication_policy.cfm

Student's Name: ______________________________

Additional Health Information: