

**New Student Health Information Enrollment Form 2023-2024**  
**School District of La Crosse**

STUDENT NAME:	DATE OF BIRTH:
SCHOOL:	GRADE:

Dear Parent/Guardian:

Please complete the **Health Information Enrollment Form** for your child. Below check any current health condition that may require attention during the school day or at co-curricular activities.

- My child does NOT have any known health concerns.**
- ADD/ADHD** Will your child need medication at school?  Yes  No
- ALLERGIES** (Be specific) My child has an EpiPen?  Yes  No
- Foods \_\_\_\_\_ Reaction \_\_\_\_\_
- Bee Sting or Insect Bites \_\_\_\_\_ Reaction \_\_\_\_\_
- Medicines \_\_\_\_\_ Reaction \_\_\_\_\_
- Environmental/Seasonal \_\_\_\_\_ Reaction \_\_\_\_\_
- Other \_\_\_\_\_ Reaction \_\_\_\_\_
- ASTHMA** Will your child need an inhaler at school?  Yes  No
- CARDIAC (HEART) CONDITION** Restrictions  Yes\*  No \*Requires physician note
- DIABETES**  Insulin Pump  Insulin Injections  Glucagon
- SEIZURE CONDITION** Emergency Medication  Yes  No Include Type: \_\_\_\_\_
- OTHER HEALTH CONDITIONS** (Please list) \_\_\_\_\_

**MEDICATIONS:**

Please give medications at home whenever possible. All medication given at school requires a School Medication/Procedure Form available on our website, [www.lacrosseschools.org](http://www.lacrosseschools.org), or at your local health care practitioner's office. If medication is needed during the school day, the following is necessary.

Prescription Medication

- (1) A doctor's signature with written instruction.
- (2) Written consent from the parent for the school to give the medication.
- (3) Medication is in a properly labeled prescription bottle.

Non-prescription Medication

- (1) Written consent from the parent with instructions for the school to give the medication.
- (2) Medication must be in the original container.

**Students may not carry medication at school with the exception of prescription inhalers and epinephrine auto injectors with a doctor's written permission.**

**Parents/guardians are requested to please deliver medication to the school office.**

**My signature gives permission to share this health information with school staff, district transportation providers, and La Crosse Promise Future Center Advisors working with my child. This information will be used, if necessary, for safety at school, on field trips and other school activities.**

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date