

**District Fax Numbers**

Westonka High School: (952) 491-8103  
Westonka Middle School: (952) 491-8303  
Shirley Hills Primary School: (952) 491-8403  
Hilltop Primary School: (952) 491-8503

**NEW STUDENT HEALTHCARE SUMMARY**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Does this child have allergies that require the use of an epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does this child have any other allergies that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is a modified diet necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does this child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will you be providing an inhaler to be kept in the health office? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any condition present that may result in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Any concerns with eyes, ears, or speech: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list below any important health concerns that may require attention at school:

\_\_\_\_\_  
\_\_\_\_\_

Other information that would be helpful for the teacher to know? \_\_\_\_\_

\_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Clinic \_\_\_\_\_

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