<u>New Student</u> Health Information Enrollment Form 2026-2027
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 *<u>NOT</u>* 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)_____

<u>MEDICATIONS</u>:
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, or at your local health care practitioner's office. If medication is needed during the school day, the following is necessary.

<u>Prescription Medication</u>
(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.

<u>Non-prescription Medication</u>
(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 and district transportation providers 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