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Date _____

**JANESVILLE PUBLIC SCHOOLS
Janesville, Wisconsin
Health Information Form**

Student's Name _____ **Birthdate** _____ **Gender** _____

School _____ **Grade** _____

Parent's/Guardian's Name _____ **Home Phone** _____

Address _____ **Cell Phone** _____

Mother's Work _____ **Phone** _____

Father's Work _____ **Phone** _____

Medications:

Please list the medications your child is taking daily or on an as needed basis. For those medications taken on a daily basis, please also list the time of day that they are taken.

If your child will need to receive medications from school staff during the school day, a parent permission form and doctor permission form must be completed. These two forms are available at your child's school office.

Health Conditions:

Please list any health needs your child may have that could affect him/her while in school.

- This information is new information.
- This information is an up date to existing information.

Name and Address of Doctor _____

Name and Address of Dentist _____

Information you provide on this form will be shared with school staff who have a need to know in order to meet the health needs of your child. Thank you.