



Manitowoc Public School District  
**Student Health Information Form**

School:
Year:

FIRST NAME	LAST NAME	GRADE

My child has NO known health conditions

**My child has been diagnosed with the following health conditions by a healthcare provider (check all that apply):**

Asthma   
  Diabetes   
  Heart Condition   
  Seizure Disorder   
  Life-threatening Allergies   
  Other

Is this a change from last school year?   
 Yes   
 No

**Details/Specifics regarding condition (you may be contacted by a school nurse):**

\*It is the responsibility of the parent/guardian to also report serious health conditions to the bus company and any co-curricular advisors/coaches, if applicable.\*

**Medications**

Does your child need to have medications **at school** for the diagnosed health condition?   
 Yes   
 No

If a medication is to be given at school, the MPSD Medication Consent form is **required**. The medication must be provided by and brought to school by a parent/guardian.

**Immunizations**

Wisconsin State Immunization Law requires all schools to have each student's immunization record on file showing that the student has met state requirements. It is the parent's responsibility to provide this record or sign an immunization waiver. Parents will be notified if the school does not have a complete record. I give permission for MPSD to share my child's immunization record with the Wisconsin Immunization Registry (WIR) and my immunization provider for the purpose of maintaining a complete and accurate record.  
 Check here if you **do not** give your permission:

**Authorization for Acetaminophen (ages 12 and up ONLY)**

The MPSD has my permission to administer 650 mg of acetaminophen (provided by the district) to my child for headaches, muscle cramps or dental pain while in school. The administration of acetaminophen will be limited to one dose per day and a maximum of ten (10) doses per school year. A parent will be notified when the 10 dose threshold has been reached.  
 Check here if you **do not** give your permission:

**Authorization for Emergency Treatment**

As parent/guardian of the above named student, I authorize school personnel to refer my child for medical treatment in the event I cannot be reached. If the situation is recognized by the attending adult as an emergency, I give permission to arrange transportation to the nearest medical facility and agree to assume all costs involved, including possible ambulance fees.  
 Check here if you **do not** give your permission:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ GF0043 12/22 SK