

**SWALLOW SCHOOL DISTRICT 2009-2010
HEALTH ASSESSMENT FORM**

The Department of Public Instruction is asking all Wisconsin School Districts to complete a Health Service Report designed to gather a cumulative statewide picture of school health services. This report is confidential and individual student names will not be included in the report submitted to the state. Data collected by the State will not be made public, only aggregate data from the entire state will be shared. We at the Swallow School District have decided to take this opportunity to update our student's health records. Currently, we have collected health information from our students at the time they enter kindergarten, but have not updated their health information as subsequent years pass.

Please take a couple of minutes to complete a health information questionnaire for each of the students you have at Swallow School. Again, this health information is kept confidential and disseminated only on a need to know basis. This information may also be helpful if ever a medical emergency occurred at school.

Student's Name: _____ Age _____ Ht _____ Wt _____

1. **Allergies:**

Food _____ Medication orders _____

Environment _____ Medication orders _____

Insect _____ Medication orders _____

(*Complete Swallow School Allergy Action Plan/Order Set, if emergency medications are ordered such as Epi pen or antihistamine.)

2. **Behavioral/Mental Health:**

ADD or ADHD _____

Anxiety _____

Bi-polar _____

Depression _____

Obsessive Compulsive Disorder _____

Other: _____

3. **Cardio-vascular disorder/disease (Septal defects, hypertension, birth defect, etc.):** _____

4. **Cancer** (new diagnosis, currently being treated, remission): _____

5. **Endocrine:**

Diabetes (Type I or II) _____

Thyroid _____

Metabolic disorders _____

Other _____

(Individual Health Plan needs to be completed by student's MD and reviewed with school RN if student is diabetic)

6. **Gastrointestinal** (colitis, crohn's, lactose intolerance, chronic constipation, "tummy ache" complaints, etc.):

7. **Genitourinary** (altered kidney function, urinary incontinence, urinary tract infections, etc.):

8. **Blood Disorders/Metabolic Disorder** (Sickle cell, hemophilia, Celiac, PKU, hypoglycemia etc.): _____
9. **Musculo-skeletal/Connective Tissue** (arthritis, scoliosis, lupus, brittle bone, etc.):

10. **Neurological/Nervous System Disorder** (Epilepsy, seizures, migraines, etc.):

11. **Pulmonary/Lung Disease** (asthma, cystic fibrosis, etc.): _____

(Medication Administration Authorization form needs to be completed if student uses inhaler while at school. Student may self-carry if indicated by MD/NP on form, or, inhaler may be stored in health room and administered by staff.)
12. **Medications** currently taking: _____

13. **Sensory:**
Hearing impaired _____ Last Hearing Test _____
Vision Impaired _____ Last Vision Test _____
Autism/Spectrum Disorder _____
14. **Other information/past medical history** that may be pertinent in the event of a medical emergency. _____

Parent/Guardian Signature

Date

Please remember to complete the following:

- Medication form for all prescription, asthma and over-the-counter medications to be administered by Swallow staff during school hours.
- Allergy Action Plan form for all Epi pens and Benadryl.
- Individual Health Plan for any Diabetic/Insulin medication orders.