

DEERFIELD COMMUNITY SCHOOL DISTRICT – HEALTH AND CUSTODY INFORMATION
Annual update by parents/guardians required.

HEALTH SURVEY/INFORMATION: This information must be updated annually to ensure our records are current.

Student Name:		DOB:	Grade:
YES (✓)	NO (✓)		
		Severe reaction to insect stings. Cause/Reaction:	
		Food allergies. Cause/Reaction:	
		Other allergies. Cause/Reaction:	
		* Epi-pen at school:	<input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Asthma (check one):	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Cause/Reaction:
		* Inhaler at school:	<input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
		Heart condition (describe):	
		Vision loss (not corrected by glasses):	
		Hearing loss (describe):	
		Emotional problems (describe):	
		Diabetes (describe):	
		Seizures (describe):	
		Migraines/Headaches (describe):	
		Physical limitations (please list):	
		Student is taking medication at home that the school needs to be aware of: List Medication:	
*Please list any medications the student will be taking at school: (NOTE: Students in grades 4K-12 may not self-administer any medication which is a controlled substance (i.e., ADHD medications such as Ritalin, Pain medications, etc.)			
		Location of medication:	<input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student
Please complete with date any new immunization boosters the student has received:			
		Varicella (chicken pox)	_____ Tdap _____ Td _____ Other _____

***Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

Additional Pertinent Medical Information:	
The parent/guardian signature below:	
<ul style="list-style-type: none"> • allows the school to share health concern information with school staff, bus drivers & coaches/advisors that may come in contact with the student. • authorizes treatment by an EMT or licensed trainer for my child in the case of an injury or medical emergency. • authorizes that information regarding treatment or injury may be shared between EMT or licensed trainer and the appropriate school district staff. • authorizes that the name & location of the facility treating my child be released to the school district if such need occurs under district supervision. 	
Signature:	Date:

Student Name:

DOB:

Grade:

Complete the section below only if parents/guardians reside in two separate households.

Does Not Apply To My Child (Please sign and date at bottom of page)

JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records, pursuant to sec. 118.125 WI Stats.

Parents with joint legal custody will both receive copies of all official school reports, notices of parent-teacher conferences/staffings and school programs.

NON-RESIDENT CUSTODIAL PARENT/GUARDIAN INFORMATION (parent/guardian living outside of the Deerfield Community School District)

Name of non-resident custodial parent (address and phone are listed on the first page):
Check all that apply: <input type="checkbox"/> Is entitled to school information regarding student. <input type="checkbox"/> Has permission to pick up student from school.
Additional custody information:

PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT

Parents/guardians please provide the school with copies of court orders related to restrictive custody to support compliance.	
Name of parent with restricted custody:	
Address:	(city): (state): (zip):
Home phone: ()	Cell phone: () Pager #: ()
Place of employment:	Work phone: () Extension:
There <u>is</u> a court order restricting access to the student or student's record dated _____	
and filed in the following court: _____	
The court has determined this parent to have:	
<input type="checkbox"/> Restrictive custody <input type="checkbox"/> Denied periods of physical placement	
Additional custody information:	

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____