

HEALTH QUESTIONNAIRE AND MEDICAL RELEASE FORM

Please be as detailed as possible. Answers may be continued on back or separate paper.

Student: _____ DOB: _____ Gender: _____ Entering Grade: _____

1. **Life Threatening Allergy:** YES NO If YES, does reaction occur via CONTACT, INGESTION, or BOTH?

List Allergen and describe what happens: _____

2. **Food & Environmental Allergies/Sensitivities:** YES NO

List Allergen and describe what happens: _____

3. Please circle any **chronic health conditions:**

Asthma	Diabetes	Seizures/Neurological Problems
Migraines/Headaches	Chronic Ear Infections	Stomach/Reflux/Constipation
Joint/Bone Problems	Muscle Problems	Urinary/Kidney/Bladder Infections
Bathroom Accidents	Skin Conditions	Heart Problems

Other conditions or concerns: _____

Explain any above **health conditions:** _____

4. List and include dates of any **serious illnesses, operations, hospitalizations, injuries or head injuries/concussions:**

5. Does your child wear glasses or contacts? YES NO List any **vision or hearing problems:** _____

6. Is your child on any **medications?** YES NO List medication, time given, and reason prescribed: _____

Will medications be needed during school hours? YES** NO List: _____

MEDICATION CAN ONLY BE ADMINISTERED BY SCHOOL PERSONNEL WITH SIGNED PERMISSION BY DOCTOR AND PARENTS. PLEASE PICK UP FORMS IN THE HEALTH OFFICE OR DOWNLOAD FROM THE WCA HEALTH SERVICES WEBSITE. **THE TERM "MEDICATION" INCLUDES BOTH PRESCRIPTION MEDICATION AND NONPRESCRIPTION MEDICATION.

**MIDDLE AND HIGH SCHOOL STUDENTS MAY SELF-CARRY NON-CONTROLLED SUBSTANCE MEDICATIONS WITHOUT SIGNED PERMISSION FROM DOCTOR PER WCA POLICY JLCD. PARENTS MUST NOTIFY SCHOOL THAT STUDENT WILL BE SELF-CARRYING VIA THE ELECTRONIC NOTIFICATION FORM LOCATED ON THE WCA HEALTH SERVICES WEBSITE.

7. Does your child have any **limitations or disabilities?** YES NO

If YES, please explain: _____

8. Does your child have any **behavioral or mental health concerns?** YES NO

If YES, please explain: _____

9. Does your child have a current **504 Plan?** YES NO

10. Does your child have a current **IEP?** YES NO

I, the undersigned parent/legal guardian on the above-named minor child, give Windsor Charter Academy staff and faculty the right to provide routine first aid, tend to basic health care needs, and provide care in the event of a life-threatening emergency. I have included allergies and important medical facts, if any, on this form pertaining to said minor for the purposes of providing such care. I give permission for the health office to share this health information provided with school personnel on a need to know basis. This form has been filled out completely and accurately to the best of my knowledge.

Signature of Parent/Guardian

Phone Number

Date