

Mount Horeb Area School District
4K- Health History

Student's name: _____ Date of Birth: _____

Please include any information that will help us keep your child safe and healthy at school.
If you answer "yes", please include a description in the comment area. Thank you.

Health condition	No	Yes	Please explain "yes" answers
Allergies:			
Food			
Epi-pen			
Insect sting			
Epi-pen			
Latex			
Epi-pen			
Environmental			
Seasonal			
Animals			
Arthritis			
Asthma			
Inhaler			
Celiac			
Cerebral palsy			
Diabetes			
Diet restrictions			
Emotional concerns			
Endocrine issues			
Head aches			
Hearing impairment			
Hearing aids			
Heart condition			
Kidney/ Bladder			
Orthopedic issues			
Seizure disorder			
Skin condition			
Vision impairment			
Glasses			
Medications- describe			
Any other health issues we should know about			

Any additional information: _____

Your signature below indicates that you give permission for us to access the Wisconsin Immunization Registry for immunization status and to share this information with school personnel and bus drivers as necessary to meet health needs.

Parent/Guardian Signature: _____ Date _____