



Park County School District 6
919 Cody Avenue
Cody, Wyoming 82414
STUDENT HEALTH INFORMATION FORM

JFA-E1

Student Name: _____ Birth Date: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

Home Address: _____

SPECIAL HEALTH INFORMATION (Please check (✓) appropriate area(s) below:)

PLEASE SEE THE SCHOOL NURSE FOR APPROPRIATE PAPERWORK FOR ANAPHYLACTIC ALLERGIES, ASTHMA, EPILEPSY/SEIZURES, AND DIABETES. IF YOUR STUDENT REQUIRES THE USE OF AN EPIPEN, INHALER, OR MEDICATION FOR IMMEDIATE TREATMENT, YOU MUST SUPPLY ONE FOR THE SCHOOL. PCSD#6 EMERGENCY MEDICATION PROTOCOL WILL BE FOLLOWED. PLEASE PROVIDE THE STUDENT NUTRITION OFFICE WITH A NOTE FROM THE DOCTOR FOR SPECIAL DIETARY CONSIDERATIONS.

MEDICAL HISTORY	YES	TREATMENT/MEDICATION/RESTRICTIONS	SCHOOL ACCOMMODATIONS? <small>CHECK HERE FOR NURSE FOLLOW UP</small>
ADHD/ADD			
ALLERGIES (LIST, DESCRIBE TYPE OF REACTION, AND TREATMENT)			
ASTHMA (IS INHALER NEEDED AT SCHOOL?)			
BLOOD DISORDER			
DIABETES			
EPILEPSY (SEIZURES) <small>LAST SEIZURE:</small>			
HEARING IMPAIRMENT			
HEART CONDITION (LIST TYPE, RESTRICTIONS)			
MIGRAINES/HEADACHES			
ORTHOPEDIC/MUSCULAR DISORDER			
PHYSICAL ACTIVITY RESTRICTIONS			
PSYCHIATRIC/PSYCHOLOGICAL DISORDER			
VISION IMPAIRMENT			
OTHER:			

IT MAY BE NECESSARY FOR SCHOOL PERSONNEL TO ADMINISTER FIRST AID MEDICATIONS SUCH AS: HYDROCORTISONE 1% CREAM, TRIPLE ANTIBIOTIC/BACITRACIN OINTMENT, ORAL PAIN RELIEF GEL, FIRST AID BURN CREAM, SALINE EYE DROPS, COUGH DROPS, INSECT STING SWABS, AND VASELINE. I AUTHORIZE SCHOOL PERSONNEL TO ADMINISTER FIRST AID MEDICATIONS:

YES NO IF YOU MARKED NO, WHAT MEDICATIONS WOULD YOU LIKE TO OPT OUT

OF: _____

Health Information Portability and Accountability Act of 1996 (HIPAA) and the Family Education and Right to Privacy Act (FERPA): I authorize the sharing of my child's health information identified on this Student Health Information Form to provide appropriate school health services. This authorization is effective until revoked in writing by the parent/guardian.

Parent/Guardian
Signature _____

Date _____

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STUDENT HEALTH INFORMATION FORM

WYOMING PUBLIC AND PRIVATE SCHOOL IMMUNIZATION REQUIREMENTS

Under Wyoming State Law (W.S. 21-4-309), your child is required to be properly immunized in order to attend school. Your child is **conditionally** enrolled in school for 30 calendar days to allow receipt of these records. If proof of proper immunization is not received by the school within 30 days, the student shall be excluded from school until records are received.

RELIGIOUS OR MEDICAL EXEMPTION:

Exemptions from other states are not honored in Wyoming. Please contact the County Health Officer to apply for an exemption. Students are conditionally enrolled for 30 days during this process.

STUDENTS WITH A RELIGIOUS EXEMPTION ARE REQUIRED TO REAFFIRM THE EXEMPTION BEFORE 7th GRADE. CONTACT THE COUNTY HEALTH OFFICER.

KINDERGARTEN THROUGH 6th GRADE

Doses

- 5 **DTP/DTaP/DT:** If a fourth (4th) dose of DTaP vaccine was administered on or after a child's fourth (4th) birthday, and at least six (6) months has passed since the third (3rd) dose, a fifth (5th) dose is not required.
- 3-4 **Polio (IPV):** Children who receive three (3) doses of IPV before the fourth (4th) birthday should receive a fourth (4th) dose before or at school entry. The fourth (4th) dose is not needed if the third (3rd) dose is given on or after the fourth (4th) birthday.
- 2 **MMR (Measles, Mumps, Rubella)**
- 3 **Hepatitis B (Hep B)**
- 2 **Varicella (chickenpox):** If the student has had the chickenpox disease, vaccination is not required. A written statement signed by parent, guardian, physician or school nurse documenting chickenpox disease is required for the student's permanent school record.
- 1-4 **HIB (haemophilus influenzae type b):** The number of primary doses of Hib vaccine is determined by vaccine product and age the series begins. If a child has not received the completed series of Hib vaccine and is younger than 60 months (5 years) of age, the child should receive one (1) dose of the Hib vaccine. Hib vaccine is not required for children age 5 years and older.

7th THRU 12th GRADES

Age appropriate series complete as noted above. Plus:

- 1 **Tdap/Td:** One booster dose of tetanus/diphtheria/acellular pertussis (Tdap) containing vaccine before entry into 7th grade. Children eleven (11) years of age and older should receive the Tdap vaccine. Children with a medical contraindication to the pertussis (whooping cough) antigen should receive Td instead of the Tdap vaccine. Tdap vaccine may be administered to a child regardless of the interval since the last tetanus- or diphtheria-toxoid containing vaccine.

Signature of Parent/Guardian

Date

Please complete Student Health Information on other side.

Revised 1/17/23

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