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**SLINGER SCHOOL DISTRICT  
Health Services**

***Medical Condition Update***

Student: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

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Primary Contact: \_\_\_\_\_ Secondary Contact \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

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The following information is helpful to your child's District Nurse and school staff in determining any special health needs your child might require. Please answer the questions to the best of your ability. Please return this form to your child's school. If you have any questions, please contact Kelly Soik, RN, District Nurse. 262-644-8037 ext. 6127.

**\*\*\*If your child has a life threatening allergy and is prescribed an Epi Pen/Auvi-Q, has an inhaler, or experiences seizures, please contact the District Nurse for a more specific form\*\*\***

**Medical Conditions and/or Allergies:**

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**Symptoms:**

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**Usual Treatment/Medications:**

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**Signs of an Emergency:**

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**Other Interventions and/or Comments:**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_