



School District of Manawa

"Students Choosing to Excel, Realizing Their Strengths"

800 Beech Street | Manawa, WI 54949 | (920) 596-2525

District Fax (920) 596-5308 | Elementary Fax (920) 596-5339 | Jr./Sr. High Fax (920) 596-2655

MANDATORY ANNUAL HEALTH UPDATE FORM

School Year _____

** THIS FORM MUST BE SIGNED AND RETURNED WITH REGISTRATION MATERIALS. **

Staff must be apprised of any changes in a student's health status, medical orders, medications and any change in the student's health care provider. New forms are required annually if the health condition and/or need for medication persists. If a condition or need for medication no longer exists, the parent/guardian is required to provide documentation and/or physician signature to that effect.

Student's Name: _____ Birth Date ____/____/____ Age _____ Grade _____

School Attending: Manawa Elementary • Phone (920) 596-5700 • Fax (920) 596-5339

Little Wolf Middle/Sr High School • Phone (920) 596-5800 • Fax (920) 596-2655

HEALTH CONDITIONS

DOES NOT have any health conditions and/or allergies.

RESOLVED health condition(s) and/or allergies as previously reported. (physician signature required below).

Specify: _____

DOES have a health condition(s) and/or allergies. Complete applicable forms available at the Manawa School District website.

<https://www.manawaschools.org/programs/health.cfm>

Type of Health Condition: Anaphylaxis Asthma Diabetes Seizure Food Allergy Dietary Restrictions

Other, list _____

MEDICATIONS

DOES NOT take any prescription and/or over-the counter medications.

NO LONGER takes prescribed medications and/or over-the counter medications (physician signature required below).

Specify: _____

DOES take prescribed medications and/or over-the counter medications. Applicable forms available at the Manawa School District website.

<https://www.manawaschools.org/programs/health.cfm>

Specify: _____

PARENT SIGNATURE

I understand I must contact the school if there are any changes in health conditions, prescription medications, and/or over-the-counter medications. I further understand applicable forms may be required as well as the signature of my child's physician. Applicable forms are available at the Manawa School District website. <https://www.manawaschools.org/programs/health.cfm>

Name _____ Phone () -

Workplace _____ Work Phone () -

Signature _____ Date _____

PHYSICIAN INFORMATION (and SIGNATURE if applicable)

Print Name _____ Phone () -

Medical Facility _____ Fax () -

Address _____ City, State, Zip _____

Physician signature required for a resolved health change or when a prescription medication is no longer needed.

_____ Date _____