

FREMONT COUNTY SCHOOL DISTRICT #24  
Health Information 2015/2016

<b>Child(ren)</b> List all who live in household And Attend Shoshoni Schools	<b>Health Insurance</b>	<b>**Wear Glasses</b>	<b>**Hearing Problems</b>	<b>**Allergies</b>	<b>**Asthma</b>	<b>**Seizures</b>	<b>**On Medication</b>
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N	Y N	Y N

\*\*If you marked any of the above "Y", please state for which child and describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you need more room please attach another piece of paper.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your student(s) have any condition the school should be aware of (head injury, cardiac condition, joint/muscle/skeletal) past or present? If so, please state for which child and describe. \_\_\_\_\_

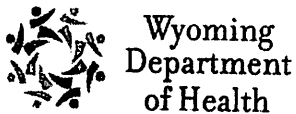
\_\_\_\_\_

If you need more room please attach another piece of paper.

Quick Strep Tests for strep throat infection can be done with parental request/permission only. Each test is \$6.00 due at time of test.

In case of serious accident/injury, all attempts will be made to reach the named parent/guardian. In the event that parents, emergency contacts, or physicians cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.

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



Commit to your health.  
visit [www.health.wyo.gov](http://www.health.wyo.gov)



Thomas O. Forslund, Director

Governor Matthew H. Mead

### School Nurse WylR Access Agreement

To ensure the Wyoming Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, Wyoming School Nurses must obtain parent/guardian agreement before accessing a student's immunization record within the Wyoming Immunization Registry (WylR). No student record shall be accessed in the WylR by a School Nurse without parent/guardian agreement.

I, \_\_\_\_\_, am the parent/guardian of  
(Parent/guardian name)

\_\_\_\_\_ and agree that the School Nurse representing  
(Student's name)  
Fremont County School District #24  
112 West 3rd Street  
Shoshoni, WY 82649

\_\_\_\_\_ can access this student's immunization record  
(Name of school)

in the Wyoming Immunization Registry.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date