

Student _____ Sex: Male Female Birth Date ____/____/____

Last First Middle

Parent/Guardian _____ Home/Cell# _____ Work# _____

Last First Initial

School _____ Grade _____ Room _____

Please describe your child's current health condition on the form below. It is important that you keep the school informed of any changes in health or medication that would affect your child at school. If your child needs to take medication at school, please notify the school office.

My child has NONE of the health concerns/conditions listed below.

LIFE THREATENING CONDITIONS

If anything is checked as LIFE THREATENING, notify your school's nurse immediately and obtain LIFE THREATENING paperwork from school office. This is REQUIRED PER RCW 28A.210.320 for attendance at school.

Allergy/Anaphylaxis **REQUIRING** an Epi-Pen/Adrenalin auto-injector prescription (example: food, insect stings)

Allergen(s): _____

Asthma: **ALL ASTHMA IS CONSIDERED LIFE THREATENING AND REQUIRES A PHYSICIAN'S ORDER AND EMERGENCY ACTION PLAN**

Diabetes: TYPE 1 TYPE 2

Seizure Disorder: My student needs emergency medication for **Seizures**. Name of medication: _____

Other LIFE THREATENING HEALTH CONDITION:

SPECIAL HEALTH CARE PLANNING

My child has special health care needs such as: wheelchair, tube feedings, catheter, intravenous tubes, eating and swallowing concerns*, or other. Please describe your child's condition(s) _____

*School Nurse is to notify speech language pathologist for eating and swallowing concerns.

HEALTH CONDITIONS

Check any conditions that your child has:

- Behavioral/Mental health
- Digestive Disorder (**requires LHP orders**)
- Orthopedic
- Blood Disorder
- Hearing Loss and/or wears hearing devices
- Respiratory Problem
- Bowel/Bladder
- Heart Problems
- Skin
- Cancer
- Medication/Drug Allergy
- Other _____
- Depression/Anxiety
- Neurological

Parent/Guardian Signature

Date

School Nurse Signature

Date