

为了让学校成为您孩子安全和健康的学习场所，这份

包含有个人隐私的表格，将限制由学校护士，

办公室职员，和医疗急救人员过目。

To make school a safe and healthy place for your child this private form will be seen by the School Nurse, school staff who help your child, and emergency medical personnel.



医务室健康报告

SCHOOL NURSE HEALTH INFORMATION

名字：_____ 姓 _____ 名 _____

生日：_____

学校：_____ 级：_____ 今天日期：_____

A. 严重的健康状况 (选项如下) : SERIOUS HEALTH CONDITIONS (check box below):

如果您的孩子患有**严重的健康问题**，请立即告知您的学校护士！华盛顿州法律 (RCW 28A.210.320) 规定，**在开学前必须**把药物，医疗指令，和护理计划表转交给学校。 If your child has a **SERIOUS health condition, TELL YOUR SCHOOL NURSE NOW.** State Law (RCW 28A.210.320) says medication, medical orders, and a health care plan must be in place **before** the start of school.

- 我的孩子没有任何严重的健康状况，会影响他在学校的活动或表现。**
My child does not have any SERIOUS health conditions that will affect them at school.
- 我的孩子有以下严重的健康状况 - (选项如下) : My child has the following SERIOUS health condition(s) - (Check boxes below):**
 - 过敏 ALLERGY (危及生命 - 需要医生肾上腺素处方，如 Epi-Pen 或 Auvi-Q) _____ 否?**
(life threatening - requires an epinephrine prescription such as Epi Pen or Auvi-Q? Yes or no?)
对 _____ 过敏 Allergic to ___? 最后一次过敏反应日期 last reaction date: _____
 - 哮喘 Asthma - 您的孩子在学校是否需要急救药物? (例如 Albuterol) _____ 是 或 _____ 否?**
- Will your child require a rescue inhaler (such as Albuterol) at school? _____ Yes or no?
 - 心血管疾病和限制 (如果有的话) Heart condition and restrictions (if any) _____**
 - 糖尿病 Diabetes (诊断日期 diagnosis date: _____)**
 - 胰岛素泵 pump 胰岛素注射笔 pen 一次性胰岛素注射器 syringe
 - 癫痫症 Seizure Disorder (诊断日期 diagnosis date: _____) (最后一次癫痫日期 latest episode: _____)**
癫痫类型 seizure type: _____
是否需要癫痫急救药物 rescue medication? _____ 是 (yes) 或/or _____ 否 (no)?
 - 其他严重的健康状况是以上没有提到的 other health condition, 包括过去 12 个月内住院 include hospitalization in last 12 months : 请说明 please explain _____**

B. 其他健康状况 (选项如下) Other health conditions (check box below):

- 我的孩子没有任何其他健康状况会影响他/她在学校的学习 My child does not have any other health**

conditions that will affect them at school.

脑震荡的病史 History of a **Concussion** (通过医生诊断 diagnosed by a health care provider)

脑震荡的日期 Date of concussion _____

听力问题? 您的孩子戴助听器吗? 我的孩子有已知的听力障碍?

Hearing concerns? Does your child wear hearing aids? Does your child have a known hearing loss?

视力问题? Vision concerns? 戴眼镜 Glasses 戴隐形眼镜 Contacts

食物敏感 Food sensitivity: _____ 其他过敏 (如药物, 花粉):

其他 Other : _____

C. 药物：处方，补品，非处方药（药丸，滴眼液，药膏等）：

MEDICATIONS: Prescription, supplements, over-the-counter (pills, eye drops, ointments, etc.):

您的孩子**每天**都需要在学校吃药吗? ____是 或 ____否? Does your child need to take medication every day at school? Yes/no

您的孩子**有时**需要在学校吃药吗? ____是 或 ____否? Does your child need to take medication at school sometimes? Yes/no

如果是，**医生签署的药物授权表格必须提供给学校**，包括在学校需要的所有药物（根据华州州法 RCW 28A.210.206 和 贝
尔维尤学区政策 4320）。If Yes, a signed medical order form must be at school, for all medications (RCW 28A.210.206 and
BSD Policy 4320).

家长联系方式：请提供正确的联系方式

CONTACT INFORMATION: Please provide correct & current contact numbers.

	家长/监护人 Parent/Guardian	家长/监护人 Parent/Guardian
家长/监护人名字 Parent/Guardian names		
主要联系电话： Phone contact		
主要联系电邮： Email contact		

签名 signature (家长/监护人 parent/guardian): _____ 日期 date: _____