

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

2020-2021

名字: \_\_\_\_\_  
姓 名

生日: \_\_\_\_\_

学校: \_\_\_\_\_ 2020-21 年级: \_\_\_\_\_ 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: \_\_\_\_\_