



SCHOOL NURSE HEALTH INFORMATION

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.

Name: _____ Birthdate: _____
Last First MI

School: _____ Grade: _____ Date: _____

SERIOUS HEALTH CONDITIONS (check box below):

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.

- My child does not have any SERIOUS health conditions that will affect them at school.
- My child has the following SERIOUS health condition(s) – Check boxes below:
 - Allergy** (life threatening: requires an epinephrine prescription such as Epi Pen or Auvi-Q? ____ Yes or no?
Allergic to: _____ Date of last reaction: _____)
 - Asthma** – Will your child require a rescue inhaler (such as Albuterol) at school? ____ Yes or no?
 - Heart condition** and restrictions (if any): _____
 - Diabetes** (Date of diagnosis: _____)
 - Insulin Pump
 - Insulin Pen
 - Insulin via syringe
 - Seizure Disorder** (Date of diagnosis: _____) (Date of last seizure: _____)
Type: _____ Rescue Medication: ____ Yes or no?
 - Other**, including overnight hospitalizations in past 12 months: -- Please describe condition:

OTHER HEALTH CONDITIONS (check appropriate box below):

- My child does not have any other health conditions that will affect them at school.
- History of a **Concussion** (diagnosed by a health care provider) - Date of concussion _____
- Hearing concerns? Does your child wear hearing aids? Does your child have a known hearing loss?
- Vision concerns? Glasses Contacts
- Food sensitivity: _____ Other Allergies (e.g. medication, pollen): _____
- Other: _____

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

Does your child need to take medication every day at school? Yes No

Does your child need to take medication at school sometimes? Yes No

If **Yes**, a signed medical order form must be at school, for all medications (RCW 28A.210.206 and BSD Policy 4320).

CONTACT INFORMATION: Please provide correct & current contact numbers.

	PARENT/GUARDIAN	PARENT/GUARDIAN
Parents/Guardians:		
Primary contact phone:		
Email:		

Signature (Parent/Guardian): _____ Date: _____