SCHOOL NURSE HEALTH INFORMATION

2019-20

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 for 2019-20: _____ 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:_____