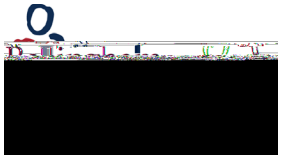

ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

Information on this form is to be filled out for each new school year and is designed to aid school staff in anticipating any health concerns that might affect your student's safety or learning. Cden onialth .I[illegible]

_____ Grade: _____ Birthdate: _____

If student needs medication during the school day, an Authorization for Medications at School Form is required.

LIFE THREATENING CONDITIONS

The nurse must know of any LIFE-THREATENING conditions (severe allergy with anaphylaxis, asthma, diabetes or seizure disorders) prior to attending school, as these require a health care plan in place (per RCW 28A.210.320).

Life threatening condition requiring epinephrine auto injector:
Life threatening Allergen(s) _____
Asthma / Medication used to control asthma symptoms_____
Diabetes Type _____ Using insulin pump, insulin pen, insulin vial/syringe, oral medications
Seizure Disorder / Meds used to control seizures: _____ Last seizure on: _____
Other life threatening condition(s):_____
_____

SPECIAL HEALTH CARE PLANNING

check appropriate boxes and contact your school nurse for a health care plan. Treatment Catheter from the [illegible]

Other medical treatment:_____
My child requires a mobility aid, such as a wheel chair, walker, brace:_____

For all other health conditions that need accommodations during the school day such as allergies, medications, or treatments, contact the school nurse directly.

AUTHORIZATION FOR EMERGENCY PROCEDURE & IMMUNIZATION INFORMATION RECORDING

If the parent/guardian and Licensed Health Care Provider named on the registration record cannot be reached at the time

Parent/Guardian Signature: _____ **Date:** _____ **Phone Number:** _____