



Building Bridges to the Future

Riverview School District Health Services
Student Health Concerns Annual Update

Please see reverse side for Spanish

Please complete and return to your child's school immediately.

Student Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ M  F 
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_
Parent/Guardian: \_\_\_\_\_
Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_
Parent/Guardian email address: \_\_\_\_\_
(Nurses may use email to obtain updates regarding student care plan information)

\*ALERT TO PARENTS: If your child has a life-threatening health condition (severe allergy, asthma, diabetes, seizures) requiring emergency medication, Washington State Law SHB2834 requires that a medication or treatment order and a Nursing Care Plan be in place before your child's first day of school each year. Contact your child's School Nurse immediately.

In order to provide a safe and healthy environment for your child this information will be accessible to the following people: principal, nurse, your child's teachers, secretaries, health room assistant, and emergency medical personnel.

Current Health Conditions: My child has NO health concerns at this time \_\_\_\_\_
Initial/date

Check the ones below that may affect your child at school. Include all health concerns necessary for educational planning and potential needs for emergency care. Explain further details on lines below.

ADD/ADHD Hearing problems
severe Allergy\* Heart problems
Asthma\* Physical restrictions (that would limit activity)
Behavior problems Seizure Disorder\*
Bladder/Bowel concerns Vision Problems
Diabetes\* Other \_\_\_\_\_

Medication: Is medication given at home? Yes  No 
Name of medication: 1. \_\_\_\_\_ to treat 1. \_\_\_\_\_
2. \_\_\_\_\_ to treat 2. \_\_\_\_\_

Is medication needed at school\*\*? Yes  No 
Name of medication: 1. \_\_\_\_\_ to treat 1. \_\_\_\_\_
2. \_\_\_\_\_ to treat 2. \_\_\_\_\_

\*\*Before medication can be administered or carried at school, a Medication Authorization form, available on the RSD website or in the school office, must be completed by a Licensed Health Care Provider and signed by a parent/guardian.

In case of serious injury, illness or other emergency at school the District will make every attempt to reach the student's parents or designees. In the event that the child's parents/guardians or physician cannot be reached, the building administrator or designee will make a decision as to the most appropriate action to take in the student's best interest.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_
If your child needs health or dental insurance, please contact your school nurse. (6/09)