Student Health Concerns
Annual Update

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

Student Name: _____ Birth date: _____ Grade: _____
Parent/Guardian: _____ Teacher/Advisor: _____
Main Phone: _____ Alternate Phone: _____
Parent/Guardian email address: _____

CURRENT HEALTH CONDITIONS - Answer #1 or #2

1. My child has **NO** health concerns at this time. _____
(Initial and date)

2. 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.

NB ☐ ADD/ADHD
EG ☐ Anaphylactic Condition *
PA ☐ Anxiety
R- ☐ Asthma *
B/C/D ☐ mild ☐ moderate ☐ severe ☐ inhaler
NC ☐ Autism
U- ☐ Bladder Condition
GA ☐ Celiac Disease
GJ ☐ Crohn's/Colitis
NF ☐ Developmental Delay
XX ☐ Other_____

EK/L ☐ Diabetes *..... ☐ Type I ☐ Type II
GG ☐ Food Intolerance
YB ☐ Hearing Condition....H20 ☐ Hearing Aides
C- ☐ Heart Condition
NH ☐ Headaches/Migraines
GK ☐ Irritable Bowel Disease
M- ☐ Physical Activity Limited
NP ☐ Seizures *
NU ☐ Traumatic Brain Injury
YD ☐ Vision Condition.....YF ☐ Glasses/Contacts

_____
_____

☐ Allergies * List all allergies your child has including allergies to medication/bee stings.

ED ☐ Food _____ Treatment _____ ☐ EpiPen
EE ☐ Insect _____ Treatment _____ ☐ EpiPen
E- ☐ Other _____ Treatment _____ ☐ EpiPen

***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 an Individual Health Plan (IHP) be in place before your child's first day of school each year. Contact your child's School Nurse immediately.

MEDICATION

	Name of Medication(s)
Medication given **at home**? Yes ☐ No ☐	
Medication given **at school**? Yes** ☐ No ☐	
Medication **carried by student** at school? (Grades 6 – 12 only) Yes** ☐ No ☐	

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

IMPORTANT INFORMATION

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.*