

**STUDENT HEALTH INFORMATION**

Graduation Year: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

**School Use Only**  
 Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_  
 Original given to School Nurse: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number Street City

Parent/Legal Guardian' Printed Name	Home/Msg Phone	Cellular Phone	Work Phone
Parent/Legal Guardian's Name:			
Parent/Legal Guardian's Name:			

Student lives with:  Both Parents  
 Father only  Mother only  Self  Legal Guardian  Grandparents  
 Father/Stepmother  Mother/Stepfather  Agency  Stepfather/Stepmother  Other: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance:  Medical Coupons  Private  Military  None  Other: \_\_\_\_\_

LIFE-THREATENING CONDITIONS	OTHER HEALTH CONDITIONS												
<p>RCW 28A.210.320 requires every public school to prohibit the attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Olympia School District Policy 3200.</p> <p>Does your child have a Life-Threatening Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allergic to: _____</p> <p>Describe Reaction: _____</p> <p>Date of Last Reaction: _____</p> <p><input type="checkbox"/> Seizures: Type _____</p> <p><input type="checkbox"/> Cardiac: Describe _____</p> <p><input type="checkbox"/> Diabetes: Type _____</p> <p>Does your child have severe Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hospitalized / Emergency Treatment within past year. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Allergies - please list: _____</p> <p>Mild Reactions: _____</p> <p><input type="checkbox"/> Asthma: <input type="checkbox"/> with inhaler <input type="checkbox"/> without inhaler</p> <p>Describe: _____</p> <p><input type="checkbox"/> Other Health Conditions: _____</p>												
	<p align="center"><b>MEDICATIONS</b></p> <p><b>If your child needs to take any medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.</b></p> <p><b>Medication(s):</b></p> <table> <tr> <td>Currently Used</td> <td colspan="2">Taken At:</td> </tr> <tr> <td>1. _____</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Home</td> </tr> <tr> <td>2. _____</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Home</td> </tr> <tr> <td>3. _____</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Home</td> </tr> </table>	Currently Used	Taken At:		1. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home	2. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home	3. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home
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3. _____	<input type="checkbox"/> School	<input type="checkbox"/> Home											

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person if at all possible and call 911, if the injury or illness warrants it.

I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Legal Guardian Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_