

**Wenatchee School District #246 Student Health Information Form**

		<b>Male</b>	<b>Female</b>	
<b>Legal Last Name of Student</b>	<b>Legal First Name</b>	(Please circle)		<b>Grade</b>
<b>Date of Birth</b>				

**Please complete sections 1, 2 and 3, date and sign this form and return to the school office. It is important that you keep the school informed of changes in health or medication that may occur during the school year.**

Physician's name: \_\_\_\_\_

**Section 1** Please **X** all health conditions which apply to your student.

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|--|---|
| <input type="checkbox"/> No known health problems (N)              | <input type="checkbox"/> Diabetes (D)   |
| <input type="checkbox"/> Asthma: (R)                               | <input type="checkbox"/> Heart condition (HC)   |
| <input type="checkbox"/> Uses inhaler (RI)                         | Activity Reactions <input type="checkbox"/> Yes <input type="checkbox"/> No (HCR)     |
| <input type="checkbox"/> Will require inhaler at school (RIS)      | <input type="checkbox"/> Seizures (S)   |
| <input type="checkbox"/> Hospitalized in last year for asthma (RH) | Currently on Medication <input type="checkbox"/> Yes <input type="checkbox"/> No (SM) |
| <input type="checkbox"/> Allergies (H)                             | <input type="checkbox"/> Known hearing loss (H)                                       |
| <input type="checkbox"/> Bee / Insect sting (AB)                   | <input type="checkbox"/> Wears glasses/contact lenses (VG)                            |
| <input type="checkbox"/> Foods (AF)                                | <input type="checkbox"/> Physical or birth defect (PBD)                               |
| <input type="checkbox"/> Other: Please comment below (AO)          | <input type="checkbox"/> Other: Please comment below (O)                              |
| <input type="checkbox"/> Epi Pen needed for allergy above (AEP)    |   |

Additional Comments / Concerns: \_\_\_\_\_

**Section 2** *State law requires all students with life threatening conditions to have both medical authorization and necessary medication at school before that student will be allowed to attend school. Medications that may be required under this law include, but are not limited to: meter-dose inhalers, Epi-pens, Insulin, and medication for seizures (RCW 28A.210 Sec.1).*

**As parent/guardian, I agree to contact the school nurse to create an individual health care plan for my child with a life threatening condition.**

**Are any of the above checked conditions life threatening?**     Yes     No

**Section 3** **Medication:** To administer any medication, prescription, or non-prescription, an 'Authorization for the Administration of Medication' form must be signed by a parent/guardian *and* the physician, and must be on file in the school office before your student may attend school. A new form is required at the beginning of each school year or whenever there has been a change in medication or dose.

Please list any medications that student takes at home or that may be needed during the school day: \_\_\_\_\_

I authorize and give my consent to the authorities of Wenatchee School District to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary emergency medical or surgical treatment to the above named student. District authorities are not excused from attempting to contact me before relying upon this authorization; I also authorize that the information listed above may be shared with school personnel on a need-to-know basis to facilitate the school district in providing a safe environment for my child.

<b>Signature of Parent/Guardian</b>	<b>Relationship to Student</b>	<b>Date</b>
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