

		Male	Female		
Legal Last Name of Student	Legal First Name	(Please circle)		Grade	Date of Birth

Please complete sections 1, 2, and 3, date and sign this form, and return to the school office. Please keep the school informed of changes in your child’s health or medication during the school year.

Section 1 Health Conditions

Please place an **X** on all health conditions which apply to your student.

My child has no known health problems

Please indicate below, any health conditions your child may have:

<p>Allergies:</p> <p><input type="checkbox"/> Bee / Insect sting: Please describe reaction: (AB)</p> <p><input type="checkbox"/> Foods: Please list foods and type of allergic reaction: (AF)</p> <p><input type="checkbox"/> Other allergies: Please list allergy and type of reaction: (AO)</p> <p><input type="checkbox"/> Epi Pen needed for allergy above (AEP)</p>	<p><input type="checkbox"/> Asthma (R) Uses Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No (RI)</p> <p><input type="checkbox"/> Heart Condition: (HC) Activity Restrictions (HCR) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Seizures: (S) Uses seizure medication? (SM) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Known hearing loss (H)</p> <p><input type="checkbox"/> Diabetes (D)</p> <p><input type="checkbox"/> Physical or birth defect (PBD)</p> <p><input type="checkbox"/> Other: Please comment (O)</p>
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Section 2 Life-Threatening Information

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

As parent/guardian, I agree to contact the school nurse to create an individualized health care plan for my child with a life threatening condition. 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 (per RCW 28A.210 Sec.1).

Section 3 Medication Information

For school staff to administer or store any prescription or over-the-counter medication, an **Authorization for Medication Administration #SN-02 form (AMA)** must be signed by a parent/guardian and the physician, and must be on file in the school office. A new AMA form is required at the beginning of each school year, or whenever there has been a change in medication or dose. For students who carry and self-administer emergency rescue medications we strongly encourage parents to provide a backup rescue medication to store at the school office. A completed AMA form is required to store medications at school. *The Authorization for Medication Administration #SN-02 form is available at your child’s school, and the district’s Student Health Services webpage.* **Middle and High school students are allowed to self-carry a one-day supply of over-the-counter medication without an AMA form.**

Parents and guardians may wish to share information about medications their child may take while at home, which may influence how their child learns at school. **If you would like to share this information, please list any medications your child takes while at home:**

Consent: 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. **If there are any health changes to the above listed information, it will be the parent/guardian’s responsibility to inform the school on the yearly update student information form.**

Signature of Parent/Guardian _____ Relationship to Student _____ Date _____