



2016-17
STUDENT HEALTH HISTORY
To be completed by parent/ guardian

Health Services use only:
Reviewed/Entered by:
Parent Contacted:
Orders on file:

Name of Student: Date of Birth: Sex: Male Female

No Yes Glasses/Contacts, Date of last eye evaluation

No Yes Hearing aids, Date of last hearing exam:

Primary Doctor: Dentist: Date of last dental visit:

Daily Medications

State law RCW 28A.210.260 requires written permission from a Health Care Provider and parent before any medication (prescription or over-the-counter) can be given at school.

No Yes Medication needed at school (list):

No Yes Medication needed at home (list):

No Yes Allergies (list):

Life Threatening Medical Conditions

Washington State law requires that students with life-threatening health conditions, where the condition would "put the child in danger of death during the school day", have medication/ treatment orders and a nursing plan in place at school before your child can attend school.

Life Threatening Conditions (Requires Health Care Provider Orders)

Please check all that apply:

No Yes Severe Allergic reaction to Nuts (list):

No Yes Severe Allergic reaction to Bee Stings requiring emergency medication:

No Yes Other Severe Allergies-affecting school. Specify:

No Yes Severe Asthma: regularly takes medication for asthmatic condition and/or hospitalized within the last 5 years for asthmatic condition

No Yes Diabetes

No Yes Seizure Disorder that requires an emergency medication:

Health Concerns (potentially life threatening conditions that may require Health Care Provider orders)

Please check all that apply and explain:

No Yes Asthma: takes medication only when needed:

No Yes Seizure: Type of Seizures and date of last Seizure:

No Yes Heart Condition:

No Yes Behavioral/Emotional Concerns:

No Yes Other Health Concerns:

No Yes Any Chronic or recurring illness:

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

No Yes if yes, explain:

All health information is considered confidential. It may be shared with staff as needed during the time your child is enrolled in Clarkston School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/guardian signature Date