

RCW School Health Information 2020-21

Student Name: _____ Grade: _____ Birthdate: _____

Policy: Parents are to complete this form when they enroll a student in school that has a health concern that staff should be informed of. Parents should note required school accommodations on the form. Health information is confidential and shared on a need-to-know basis.

Procedure: The School Nurse will contact parents and then review needs with staff. Student needs will be noted on the Student Health Concern List that staff review throughout the year. Independent Health Plans (IHPs) will be developed to help manage chronic conditions. A signed Release of Information (ROI) form is required to talk to or obtain information from others involved in your student's care.

Please check any/all that apply

- | | |
|--|---|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Hearing Concerns |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Concerns |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Joint Concerns |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Physical Concerns |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Respiratory Concerns |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Speech Concerns |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Concerns |
| <input type="checkbox"/> Digestion Concerns | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> My student has no health concerns | |

Medications - please list name of medication and dosage:

1. _____ 2. _____ 3. _____

Note: Medications must be provided in an original, labeled container, with a signed Medication Authorization Form by the MD if it is a prescription medication. (See Medication Policy in Parent Handbook). Authorization forms can be found on the RCW web page Our School/Health/Health Forms. You can give student permission to "Self-Carry" on the Authorization form.

Please explain any health condition you have checked and note needed accommodations:

Parent/ Guardian Signature

Date