



# Student Health History

## MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home?  No  Yes Please list:

Is medication needed at school?  No  Yes Please list:

**Complete REQUIRED paperwork for medication at school.**

**State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.**

### Medical Devices

- OLA  Vagal Nerve Stimulator
- OLB  Automatic Internal Cardiac Defibrillator
- OLC  Pacemaker
- OL  Gastrostomy tube
- D  Jejunostomy tube
- OLE  Brace
- Prosthesis List:
- Other medical devices: \_\_\_\_\_

### Stoma

- OKA  Gastrostomy
- OKB  Colostomy
- OK  Tracheostomy
- D  Urostomy
- OKE  Other: \_\_\_\_\_

### Physical Activity / Mobility Issues:

- Wheelchair
- Crutches
- Other List: \_\_\_\_\_

I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school.** I give permission for my child's school to add immunization information to the Washington State Immunization Information System to help the school maintain my child's school record. Your signature is an informed consent to share information as described above.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only Below

### IMMUNIZATION VERIFICATION (Office use only)

WAIS # \_\_\_\_\_ CIS Series:  Preschool  Grade K-6  Grade 7  Grade 8-12

Immunization Status is COMPLETE on the WAIS Certificate of Immunization Status (CIS).

**OR**

Immunization Status is CONDITIONAL on the WAIS CIS and the conditional status expiration date is after the first day of attendance.

Parent/Guardian has signed the conditional status acknowledgement on the CIS.

**OR**

Student is not in WAIS. **Medically verified immunization records must be provided.**

Medically verified immunization records provided  Permission to enter statement signed

**OR**

Certificate of Exemption (COE) provided for all vaccines not in compliance on WAIS CIS or in WAIS.

COE is fully completed  Permission to enter statement signed

**OR**

Immunization Status is NOT COMPLETE on the WAIS CIS **Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.**

Student added to School Module Roster: Grade: \_\_\_\_\_

Staff who verified immunizations: \_\_\_\_\_ Date: \_\_\_\_\_