

THOMPSON FALLS HIGH SCHOOL
Enrollment - Health Information
2024-2025

HEALTH

Does the student have any health conditions we should be aware of? _____ YES _____ NO
If yes, please indicate below:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Surgical | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Internal Irregularities | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Deafness | |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Hearing aids | |

Allergies – please describe _____

Physical Handicap – please describe _____

Other – please describe _____

PROVIDERS

Doctor _____ Office Phone _____

Dentist _____ Office Phone _____

Is the student currently taking medication? _____ YES _____ NO

If yes, please list including dosage and frequency: _____

*****please contact the office if the student will need to take medication during the school day*****

The Board of Trustees of Thompson Falls School District #2 is committed to a policy on non-discrimination in relation to race, religion, sex, marital status, national origin, handicap, and other human differences. This policy will prevail in all matters concerning the staff, students, the public educational programs and services, and individuals with whom the Board does business.

In keeping with the requirements of federal and state law, this school district strives to remove any vestige of discrimination in employment, assignment, and promotion of personnel; in educational opportunities and services offered students, in their assignment to schools and classes, and their discipline; in location and use of facilities; in educational offerings and materials.