Cheney Public Schools District #360
Required Student Health Registration Form and Annual Update

School Nurse contact information is available on the website located under parent resources -> health services

Last Name:		First Name:			
Birthdate:		Gender: ☐ M ☐ F	Grade:	School Year:	Eg. 2023-2024
Parent/Guardian:		Phone:		Phone:	
Parent/Guardian:		Phone:		Phone:	
Emergency Contact:		Relationship:		Phone:	
Change of guardian contact info: ☐ Yes ☐ No		Doctor:		Phone:	

Section A: My child does not have any health concerns: ☐ (If checked, skip to section B)

ADD/ADHD	☐ Yes ☐ No	Medication: ☐ Medication at school
Bee sting allergy	☐ Yes ☐ No	Specify: ☐ Local Reaction ☐ **EpiPen**
Allergies	☐ Yes ☐ No	Notes: ☐ **EpiPen**
Food intolerance	☐ Yes ☐ No	☐ Milk ☐ Dairy ☐ Other: ☐ Meal Accommodations ☐ Self Monitor
Asthma	☐ Yes ☐ No	Notes: ☐ **Inhaler at School**
Blood disorder	☐ Yes ☐ No	Specify:
Cancer	☐ Yes ☐ No	Specify:
Developmental concern	☐ Yes ☐ No	Specify:
Diabetes	☐ Yes ☐ No	Notes:
Epilepsy or Seizures	☐ Yes ☐ No	Date/type of last seizure: ☐ **Emergency Medication**
Gastrointestinal concern	☐ Yes ☐ No	Specify:
Heart condition	☐ Yes ☐ No	Specify:
Headaches/Migraines	☐ Yes ☐ No	Notes: ☐ Medication at School
Mental health condition	☐ Yes ☐ No	Specify:
Musculoskeletal concern	☐ Yes ☐ No	Specify:
Urinary system concern	☐ Yes ☐ No	Specify:
Other	☐ Yes ☐ No	Specify: ☐ Medication at School

For students with life threatening health conditions (**bolded above**), RCW 28A.210.320 requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place prior to the student attending school.

Section B: Has your child had?

Serious illness/injury	☐ Yes ☐ No	Date/type:
Concussion	☐ Yes ☐ No	Date/cause:

Section C: Does your child wear?

Glasses	☐ Yes ☐ No	Contacts	☐ Yes ☐ No	Hearing Aid(s)	☐ Yes ☐ No

Section D: Does your child?

Have any medical or physical restrictions	☐ Yes ☐ No	Specify:
Ride a bus	☐ Yes ☐ No	Notes:

A signed Doctor/Parent Permission Form is required for students needing medication at school. Please obtain necessary paperwork from the office or available online forms located under Health Service Forms.

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Cheney School District (CSD) staff to contact health care professionals, including 911, if necessary, and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that CSD, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

*IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.

Parent/Guardian Signature: ____ Date: _________________

In accordance with Cheney School District Policy No. 3414
Form No. 663A, Rev. 2/23 Form to be used with registration packets and for annual updates

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School Nurse Reviewed/Initials