



ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____
2024-2025

Student Name Birthdate Gender Grade Teacher

Parent/Guardian Name Address City Zip Code Cell/Home # Work # Email

Parent/Guardian Name Address City Zip Code Cell/Home # Work # Email

Health Care Provider Phone Preferred Hospital Dental Care Provider Phone

Type of Medical Insurance (circle one) Private Military/Tricare Apple Health/Medicaid None Other: _____

In an emergency and unable to reach parent/guardian, please contact:

Emergency Contact Name Address City Zip Code Cell/Home # Work # Email

Life-Threatening Conditions

RCW 28A.210.320 requires every public school to prohibit attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school.

Does your child have a life-threatening condition? Yes No

Epi-Pen prescribed Yes No Allergic to: _____

Describe reaction: _____

Date of last reaction: _____

Does your child have severe asthma? Yes No

i.e. ER visit/Hospital Stay/Oral Steroids/2 unplanned visits for asthma in the last year?

Diabetes Type 1 Bleeding Condition: Describe _____

Seizures: Current History Type _____

Cardiac: Describe _____

Health Information

No Medical Conditions

Allergies: Please list _____

Describe mild reaction _____

Asthma Triggers: Resp. Infection Exercise Pollen Molds Smoke

Strong odors/fumes Weather/Temp Change Food _____

ADD/ADHD Dx by/year ASD Dx by/ year _____

Speech Condition Glasses/Contacts Hearing Aid(s)

Feeding Support Mobility Support _____

Other Health Conditions _____

Medication(s) Currently Used:

Taken at:

School Home

School Home

School Home

District Policy for Administering Medication to Students: Medications, prescriptive or over the counter, may be administered to students by building administrators or their designee(s) only with WRITTEN PERMISSION of the parent/guardian AND a Licensed Health Care Provider's Order for Medication at School.

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person, if at all possible, and call 911, if the injury or illness warrants it. I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school.

I have read and understand this form.

Parent/Guardian Signature

Date