

STUDENT HEALTH INFORMATION UPDATE 2016-2017

Wilson Creek School District | PO Box 46 – 400 Navar Street | Phone: 509-345-2541 | FAX: 509-345-2288
The information below is to help staff understand any health concerns that might affect your child's safety or learning.

STUDENT NAME: _____
First Middle Last

DATE OF BIRTH: _____ Please choose: Male Female Grade: _____

MEDICAL HISTORY

Over the last school year, my child developed the following health problem(s):

- _____ Asthma Will need inhaler at school Seen in hospital/emergency room in last five years?
_____ Severe allergy requiring Epi-pen? Allergy to: Food Bees/insects Plants Animals Drugs
_____ Diet-controlled food allergy/intolerance _____ Diabetes Requires insulin injection
_____ Seizure disorder _____ Heart condition
_____ Frequent or severe headaches _____ Behavior or emotional concerns
_____ Other – please explain any health concerns you think we should know about at school.

Does your child wear glasses/contacts? No Yes Does your child wear hearing aides? No Yes

Does your child have a life-threatening health condition? No Yes (If yes, plan to meet with the school nurse.)

My child has not developed any health problems.

MEDICATION

Does your child take any medication? No Yes Reason for taking medication: _____

Will medication be needed at school? No Yes If yes, please contact the school for the proper form. We **must** have a new form every year before medication may be given.

MEDICAL – DENTAL CARE

I request help finding (circle one) insurance medical and/or dental care for my child. If you want help, please include contact information.

AUTHORIZATION FOR SHARING HEALTH INFORMATION: I understand that the information given above may be shared with some school staff to provide for the health and safety of my child.

Parent/Guardian Signature: _____ Date: _____

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