

HEALTH INFORMATION

This form must be completed for all incoming kindergarten, 6th and 9th grade students at Shoreline School District. For all other students, please only complete and return this form if you have new medical information to share with the nurse. If we do not receive this form, we will assume there are NO CHANGES to your child's medical status.

The following information is considered confidential but will be shared with staff that will be in contact with and responsible for your child during the school day on a need to know basis.

Name of Student: _____ Grade: _____ Birthdate: _____

Doctor's Name: _____ Doctor's Phone Number: () _____

Does your child have any life-threatening conditions? No_____ Yes_____ (If yes, contact School Nurse

Check "Yes" or "No" for each of the following questions. Please explain any "Yes" answers.

Heart Condition or Blood Disease	No_____	Yes_____	_____
Seizure Disorder	No_____	Yes_____	_____
Head Injury/ Neurological Disorder	No_____	Yes_____	_____
Migraine/Neurological Headache	No_____	Yes_____	_____
Speech or Language Concerns	No_____	Yes_____	_____
Hearing Loss	No_____	Yes_____	_____
Ear Problems	No_____	Yes_____	_____
Eye Problems or Vision Loss	No_____	Yes_____	_____
Diabetes (if yes, contact School Nurse)	No_____	Yes_____	_____
Asthma:	No_____	Yes_____	_____
Requiring visit to hospital in last year?	No_____	Yes_____	_____
If known, please list triggers:			_____

Allergies:	No_____	Yes_____	_____
Seasonal	No_____	Yes_____	_____
Food	No_____	Yes_____	_____
Insect	No_____	Yes_____	_____
Bone, Joint, or Muscle Problems	No_____	Yes_____	_____
Mental Health Concerns or Counseling	No_____	Yes_____	_____

Is any medication needed at home? No_____ Yes_____ Name of medication: _____
Reason for use: _____

Is any medication needed at school? No_____ Yes_____ Name of medication: _____
Reason for use: _____

State law requires written permission from a licensed health care provider with prescriptive authority and the parent before any medication, prescription or over-the counter, may be taken at school. Forms are available from the school office.

Please relate any other health information you would like the nurse or school to be aware of such as significant injuries or chronic conditions likely to affect student at school:

Parent/Guardian Signature Date Print Name

Reviewed by: _____ Date: _____