



ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION

Reviewed by: _____ Date: _____

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

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

Life –Threatening Conditions

RCW 28.A210.320 requires every public school to prohibit the 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. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Tumwater School District Policy 3200.

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**. I understand that licensed health care providers have Authorization for Medication forms or the form is available at TSD schools or online at the TSD website.

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 understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Guardian Signature

Date