



# ANNUAL EMERGENCY AND STUDENT HEALTH INFORMATION 2020-2021

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 28A.210.320 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 Turnwater 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 designees (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 \_\_\_\_\_

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