

Annual Health History 2018-19

RN Reviewed
(For office use only)

(Today's Date)

The school requests a new annual health history be completed and returned each school year. Information provided will be shared with pertinent staff members to ensure student's safety at school.

School: Grade: Student ID#	Student Name	: Last	First	MI	Birthdate:	
To ensure a safe environment at school, you are required to inform the nurse if your child has a life-threatening medical cond (listed below) PRIOR to your child attending the first day of school as a current medication order, health plan, and medication in place at the school each school year to ensure a safe environment for your student as required per state law (WAC 392) 435). MO Medical Conditions or Medical Concerns.	School:				Student ID#	
Life-Threatening Conditions: (Please check the appropriate box and complete the questions after it.) Asthma Does your child use a rescue inhaler more than once a week? Has your child been hospitalized for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Has your child seek check only if Severe and Epinephrine is prescribed. Ex: peanuts, bees, tree nuts, etc.) Allergen(s) Pump OR Injections Manages Independently OR Needs Assistance Pump OR Injections Manages Independently OR Needs Assistance Does your child's seizures require medication? Does your child require emergency seizure medication at school? Any Other Medical Conditions Or Medical Concerns Conditions, Migraines, Crohn's, Diet Concerns, Genetic, History of Concussions, Cerebral Palsy, Depression PKU, Enuresis, Blood Disorders, etc.) Please list below.	To ensure a safe (listed below) PRI be in place at the 045).	OR to your child attending the school each school year to er	e required to inform t first day of school as sure a safe environm	he nurse if your chil s a current medication nent for your studen	d has a life-threatening medical cor on order, health plan, and medicati	on must
(Please check the appropriate box and complete the questions after it.) Asthma Does your child use a rescue inhaler more than once a week? Has your child been hospitalized for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Allergy (Please check only if Severe and Epinephrine is prescribed. Ex: peanuts, bees, tree nuts, etc.) Allergen(s) Allergen(s) Type 1 OR Type 2 CGM: Yes No Pump OR Injections Manages Independently OR Needs Assistance Seizures Type: How Often: Does your child's seizures require medication? Does your child require emergency seizure medication at school? Any Other Medical Conditions Or Medical Concerns That could affect your child at school. (Examples: Medication Allergies, ADHD, Anxiety, Encopresis, Heart Conditions, Migraines, Crohn's, Diet Concerns, Genetic, History of Concussions, Cerebral Palsy, Depression PKU, Enuresis, Blood Disorders, etc.) Please list below. Medications Required At School: (If your student requires medication at school, contact the health of a medication order which is required per law RCW 28A.210.260) Medication Name Dose Diagnosis or Symptoms Requiring Medication Medication Name Dose Diagnosis or Symptoms Name Dose Dose Do	☐ <u>YES</u> , 1	The Following Medica	al Conditions O	r Medical Con	cerns:	
Has your child been hospitalized for asthma symptoms in the past year? Has your child used steroids for asthma symptoms in the past year? Allergy	_					
Allergen(s) Diabetes Diagnosis date:	☐ Asthma	Has your child been hosp	oitalized for asthma	symptoms in the	past year?	
□ Diabetes Diagnosis date: □ □ Type 1 OR □ Type 2 CGM: □ Yes □ No □ Pump OR □ Injections □ Manages Independently OR □ Needs Assistance □ Seizures Type: □ How Often: □ Does your child's seizures require medication? □ Does your child require emergency seizure medication at school? □ Any Other Medical Conditions Or Medical Concerns that could affect your child at school. (Examples: Medication Allergies, ADHD, Anxiety, Encopresis, Heart Conditions, Migraines, Crohn's, Diet Concerns, Genetic, History of Concussions, Cerebral Palsy, Depression PKU, Enuresis, Blood Disorders, etc.) Please list below. 2. Medications Required At School: (If your student requires medication at school, contact the health of a medication order which is required per law RCW 28A.210.260) Medication Name □ Dose □ Diagnosis or Symptoms Requiring Medication	☐ Allergy				•	.)
□ Pump OR □ Injections □ Manages Independently OR □ Needs Assistance □ Seizures Type: □ How Often: □ Does your child's seizures require medication? □ Does your child require emergency seizure medication at school? □ Any Other Medical Conditions Or Medical Concerns that could affect your child at school. (Examples: Medication Allergies, ADHD, Anxiety, Encopresis, Heart Conditions, Migraines, Crohn's, Diet Concerns, Genetic, History of Concussions, Cerebral Palsy, Depression PKU, Enuresis, Blood Disorders, etc.) Please list below. 2. Medications Required At School: (If your student requires medication at school, contact the health of a medication order which is required per law RCW 28A.210.260) Medication Name Dose Diagnosis or Symptoms Requiring Medication						
Seizures Type:	☐ Diabetes					
Does your child's seizures require medication?	☐ Seizures		_			
that could affect your child at school. (Examples: Medication Allergies, ADHD, Anxiety, Encopresis, Heart Conditions, Migraines, Crohn's, Diet Concerns, Genetic, History of Concussions, Cerebral Palsy, Depression PKU, Enuresis, Blood Disorders, etc.) Please list below. 1. Medications Required At School: (If your student requires medication at school, contact the health of for a medication order which is required per law RCW 28A.210.260) Medication Name Dose Diagnosis or Symptoms Requiring Medication		Does your child's seizure	s require medicatio	n?		
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	. Medicatio	PKU, Enuresi ns Required At Schoolion order which is required	s, Blood Disorders, ol: (If your student per law RCW 28A	requires medication (210.260)	on at school, contact the health	room
	Medication Na	ame	Dose	Diagnosis or	Symptoms Requiring Medica	ition
B. Emergency Contact Information: Parent/Guardian 1:	Parent/Guardia	n 1:	Hon			
Parent/Guardian 2: Phone #1: Phone #2:						
	ai ei iv Guai uiai					
Nork: Email:		Email:				
Work: Email: Phone #1: Phone #2:	Nork:					

(Printed Name and Signature of Parent/Guardian Completing Form)