

TAHOLAH SCHOOL DISTRICT #077
HEALTH INFORMATION

Student Name: Grade: Date:

The following information is considered confidential and is for use by teachers, principal, school nurse, or other staff who will be in contact and responsible for your child during the school day. If you prefer talking to the school nurse regarding any of the following statements, please mark here and she will contact you.

| | | |
|--|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsion/Seizures | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Orthopedic/Bone | <input type="checkbox"/> Mental/Emotional |
| <input type="checkbox"/> Counseling | | |
| <input type="checkbox"/> Allergy to: | <input style="width: 300px;" type="text"/> | Severe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Asthma | | |
| <input type="checkbox"/> Provoked by: | <input style="width: 300px;" type="text"/> | Severe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |

Do you have medical insurance? Yes No What Kind?

Has the above been diagnosed by a doctor? Yes No

If yes, what is the doctor's name and phone number?

What does the child do to manage their own condition?

How can the teacher help with this at school?

What symptoms should we report to you?

Takes medication daily at: Home School

Medication is: For:

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT OR LEGAL GUARDIAN OF THE CHILD. THE FORM CAN BE OBTAINED FROM THE SCHOOL SECRETARY OR SCHOOL NURSE.

Permission for hearing test? Yes No

Please provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e. limitations in activities, etc.).

Parent/Guardian's Name

Date

The Taholah School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran, or military status, sexual orientation, gender expression or identity, disability, or the use of trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination

| | | |
|--|-----------------------------|---|
| Title IX Coordinator | Section 504/ADA Coordinator | Compliance Coordinator for State Law(RCW 28A.640/28A.642) |
| Superintendent | Special Education Director | Superintendent |
| P.O. Box 249, 600 Chitwhin Dr., Taholah, WA 98587 PH: 360-276-4780 Fax: 360-276-4370 | | |