



2018-2019
Required Student Health Registration Form and Annual Update

Name: Last First M.I. (Legal Name if Different) Birthdate:

Address: Street City State Zip Code Home Phone:

Student Lives with: Both Parents, Mother, Father, Mother & Stepfather, Father & Stepmother, Agency, Self, Legal Guardian, Other:

Is this a new address and/or phone number? Yes No Sex: Grade:

Father's Name: Mother's Name:

Father's Cell Phone: Mother's Cell Phone:

Father's Work Phone: Mother's Work Phone:

Emergency Contact: Name Relationship to child Phone:

Emergency Contact: Name Relationship to child Phone:

Doctor: Phone: Dentist: Phone:

Current Health History: (Please answer by checking)

No health problems to my knowledge

Table with 5 columns: Condition (Severe Allergy, Food Intolerance, Asthma, Diabetes, Cardiac condition, Seizure Disorder, Bleeding Disorder, Other), Yes, Mild, Moderate, Severe.

Does student have vision problem? Yes Contacts: Glasses:

Does student have hearing problem? Yes Hearing aid:

For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan must be in place before the student attends school.

MEDICATION (prescription or non-prescription):

Does your child take any medication? No Yes Name of medication:

Purpose:

Will medication be needed at school? *Yes No

*If your child needs to take medication at school, please contact the school office for the necessary authorization form. This form must be completed prior to the administration of any medication at school.

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Cheney School District (CSD) staff to contact health care professionals, including 911, if necessary; and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that CSD, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor.

IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.

Parent/Guardian Signature

Date