



Building Bridges to the Future

Riverview School District Health Services Student Health Concerns Annual Update

Este es un aviso importante. Por favor, busque a alguien que se lo traduzca.

Please complete and return to your child's school immediately.

Student Name: _____ Birth date: ___/___/___ M F
 School: _____ Grade: _____ Teacher: _____
 Parent/Guardian: _____
 Home Phone: () _____ Alternate Phone: () _____
 Parent/Guardian email address: _____
 (Nurses may use email to obtain updates regarding student care plan information)

***ALERT TO PARENTS:** If your child has a life-threatening health condition (severe allergy, asthma, diabetes, seizures) requiring emergency medication, Washington State Law SHB2834 requires that a medication or treatment order and a Nursing Care Plan be in place before your child's first day of school each year. Contact your child's School Nurse immediately, uselmank@riverview.wednet.edu or 425.844.4596.

In order to provide a safe and healthy environment for your child this information will be accessible to the following people: principal, nurse, your child's teachers, secretaries, health room assistant, and emergency medical personnel.

Current Health Conditions: My child has **NO** health concerns at this time _____
Initial/date

Check the ones below that may affect your child at school. Include all health concerns necessary for educational planning and potential needs for emergency care. Explain further details on lines below.

____ ADD/ADHD	____ Hearing problems
____ severe Allergy*	____ Heart problems
____ Asthma*	____ Physical restrictions (that would limit activity)
____ Behavior problems	____ Seizure Disorder*
____ Bladder/Bowel concerns	____ Vision Problems
____ Diabetes*	____ Other _____

Medication: Is medication given **at home**? Yes No

Name of medication: 1. _____ to treat 1. _____
 2. _____ to treat 2. _____

Is medication needed **at school****? Yes No

Name of medication: 1. _____ to treat 1. _____
 2. _____ to treat 2. _____

Before medication can be administered or carried at school, a **Medical Authorization form, available on the RSD website or in the school office, must be completed by a Licensed Health Care Provider and signed by a parent/guardian.

In case of serious injury, illness or other emergency at school the District will make every attempt to reach the student's parents or designees. In the event that the child's parents/guardians or physician cannot be reached, the building administrator or designee will make a decision as to the most appropriate action to take in the student's best interest.

Parent Signature: _____ Date: _____
 If your child needs health or dental insurance, please contact your school nurse. (6/09)