TOPPENISH SCHOOL DISTRICT #202

Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
☐ Compliant immunization record in Skyward	
☐ McKinney Vento 5 CALENDAR DAYS TO BE COMPLIANT	☐ Non-compliant immunization(s) CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____ **DOB**: _____

First Name: _____ **Middle Name:** _____ **Grade:** _____

Does the student have medical insurance? ☐ NO ☐ YES

Name of Insurance Company: _____

Is the student presently taking medication? ☐ NO ☐ YES (Specify) _____

_____

If yes, will medication need to be administered at school? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? ☐ NO ☐ YES Does the student wear contact lenses? ☐ NO ☐ YES

Does the student require a special diet due to a life-threatening food allergy? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? ☐ NO ☐ YES If yes, does student use hearing aids? ☐ NO ☐ YES

Check conditions that apply to your child and explain below:

- ☐ ADD/ADHD
- ☐ Allergies
- ☐ Asthma
- ☐ Chronic headaches
- ☐ Seizure/Convulsive disorders
- ☐ Stomach/Digestive condition
- ☐ Diabetes
- ☐ Food Allergy
- ☐ Nose or Throat conditions
- ☐ Vision/Eye condition
- ☐ Heart condition
- ☐ Kidney/Urinary tract condition
- ☐ Hearing/Ear condition
- ☐ Other, (specify) _____

Please explain conditions marked above: _____

_____

IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATNING, RCW 28A.210 requires that physician orders, medications, and/or treatments and a nursing care plan must be in place before a student attends school.

Please list other medical/health conditions that might limit the student's activities at school.

_____

_____

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE _____ DATE _____