MEDICAL LAKE SCHOOL DISTRICT
ANNUAL HEALTH RECORD UPDATE / EMERGENCY CONTACT

Student Name _____ Birthdate _____Grade_____
Last First MI (Legal name if different)

Primary Family
Guardian 1 Last Name_____Guardian 1 First Name_____Relationship to student_____

Guardian 2 Last Name_____Guardian 2 First Name_____Relationship to student_____

Address _____ Home Phone _____

Mailing Address if different than above_____**Email**_____

Student lives with: ☐ Both parents ☐ Mother only ☐ Father only ☐ Mother & stepfather ☐ Father & stepmother
☐ Agency ☐ Self ☐ Legal guardian ☐ Other _____

Secondary Family:
Guardian 1 Last Name_____Guardian 1 First Name_____Relationship to student_____

Guardian 2 Last Name_____Guardian 2 First Name_____Relationship to student_____

Address _____ Home Phone _____

Mailing Address if different than above_____**Email**_____

Father's work phone _____Mother's work phone_____

Father's cell phone _____Mother's cell phone _____

Emergency contact _____Phone_____
Name Relationship to child

Emergency contact _____Phone _____
Name Relationship to child

Doctor _____ Phone_____ Dentist _____ Phone_____

Dear Parent: Please describe your child's health concerns in detail below. It is important that you keep the school informed of any changes in health or medication which would affect your child's performance. If your child needs to take medication at school, please notify the school nurse. This includes overnight field trips or sporting events that may extend past normal school hours.

☐ **No health problems to my knowledge.**

Current Health History:

Please answer by checking	**No**	**Yes**		**Mild**	**Moderate**	**Severe**		
Does your child have vision problems?	☐	☐	☐	☐	☐		☐ Contacts	☐ Glasses
Does your child have hearing problems?	☐	☐	☐	☐	☐		☐ Hearing aid	

Check if your child has any of the following:	**No**	**Yes**	**Mild**	**Moderate**	**Severe**
Allergy – food (type) _____	☐	☐	☐	☐	☐
Allergy – food (type) _____	☐	☐	☐	☐	☐
Allergy – insect (type) _____	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
Asthma medication	☐	☐			
Diabetes	☐	☐	☐	☐	☐
Heart problem (type) _____	☐	☐	☐	☐	☐
Seizures (type) _____	☐	☐	☐	☐	☐

Explain if other issues exist (including learning disabilities)

_____

_____

IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATENING, 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.

BACK SIDE OF FORM MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN

Does your child need medication while at school or after-school functions? ☐ Yes* ☐ No If yes, explain

_____

_____

Does your child take medications of any kind? ☐ Yes* ☐ No If yes, explain

_____

_____

Has your child had any serious injuries? ☐ Yes* ☐ No If yes, explain

_____

_____

The school nurse must sometimes share health information with school staff. If you have concerns about sharing this information, please contact the school nurse.

***Students requiring medication (<u>prescription or non-prescription</u>) at school MUST have a written order by a Licensed Health Care Professional and written parent consent. These forms are available at every building from the secretaries and the school nurse.**

Insurance coverage is mandatory for participation in any school activity. Our district's insurance coverage does not provide medical insurance coverage for school accidents. This means you are responsible for the medical bills if your child is hurt during school or school activities. The school's liability coverage will provide protection if the district is found to be negligent in some manner; however, a slip or fall is rarely the fault of the school district. A brochure outlining student insurance is available from the main office.

Choose one:

◯ Please send home a brochure on the insurance program.

◯ We have personal medical insurance and our insurance carrier is _____

Name of your insurance company is required.

◯ We do not have insurance and we decline to enroll in the school's insurance program.

I authorize Medical Lake School District staff to contact a doctor/dentist or 911 if necessary, and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital, at my expense. I understand that Medical Lake School District, 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_____