STUDENT HEALTH INFORMATION UPDATE 2017-2018

Wilson Creek School District | PO Box 46 – 400 Navar Street | Phone: 509-345-2541 | FAX: 509-345-2288 The information below is to help staff understand any health concerns that might affect your child's safety or learning.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:	Please choose: Male Fer	male Grade :
MEDICAL HISTORY		
 Over the last school year, my child developed the following health problem(s): Asthma		
Severe allergy requiring Epi-pen? Allergy to: ☐ Food ☐ Bees/insects ☐ Plants ☐ Animals ☐ Drugs		
Diet-controlled food allergy/intolerance Diabetes ☐ Requires insulin injection		
Seizure disorder Heart condition		
Frequent or severe headaches Behavior or emotional concerns		
Other – please explain any health concerns you think we should know about at school.		
Does your child wear glasses/contacts? ☐ No ☐ Yes Does your child wear hearing aides? ☐ No ☐ Yes		
Does your child have a life-threatening health condition? No Yes (If yes, plan to meet with the school nurse.)		
☐ My child has not developed any health problems.		
MEDICATION		
Does your child take any medication? ☐ No ☐ Yes	Reason for taking medication:	
Will medication be needed at school? No Yes If yes, please contact the school for the proper form. We must have a new form every year before medication may be given.		
MEDICAL – DENTAL CARE I request help finding (circle one) insurance medical a	and/or dental care for my child.	If you want help, please include contact information.
AUTHORIZATION FOR SHARING HEALTH INFORMATION: I understand that the information given above may be shared with some school staff to provide for the health and safety of my child.		
Parent/Guardian Signature:		

The Wilson Creek 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 a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The Civil Rights Compliance Coordinator is available to handle questions and complaints of alleged discrimination. If you have questions and/or concerns please call Sally Nelson (Civil Rights Compliance Coordinator) snelson@wilsoncreek.org or Laura Christian (504/ADA Coordinator) lchristian@wilsoncreek.org or Kirk Freeman (Title IX) kfreeman@wilsoncreek.org at Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, phone 509-345-2541.

El Distrito Escolar de Wilson Creek no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación: Sally Nelson, La directora, snelson@wilsoncreek.org o Laura Christian@wilsoncreek.org o Kirk Freeman kfreeman@wilsoncreek.org Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, telephono 509-345-2541.