



HEALTH INFORMATION SURVEY

Student's Name: _____

Date of Birth: _____

School: _____

Grade/Teacher: _____

1. Please check any of the following conditions that apply to your child:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision/eye problem
(e.g., glasses) | <input type="checkbox"/> Birth defect |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Hearing/ear problem | <input type="checkbox"/> Kidney problem |
| <input type="checkbox"/> Bee sting <input type="checkbox"/> Food <input type="checkbox"/> Other | <input type="checkbox"/> Head injury | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Respiratory problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neurological condition | <input type="checkbox"/> Muscle/bone problem |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin problem | <input type="checkbox"/> Digestive disorder |
| <input type="checkbox"/> Heart problem | <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Headaches | | <input type="checkbox"/> Other |

Please explain: _____

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

State law requires that medication/treatment orders and a nursing care plan be in place before student attends school (RCW 28A.210.320).

2. Has your child ever been seriously ill or injured? No ___ Yes ___ If yes, what was the illness or injury, when, and note whether child was hospitalized: _____

3. Does your child have a physical disability? No ___ Yes ___ If yes, please describe: _____

4. Does your child take medication or has he/she ever been on medication for an extended period? No ___ Yes ___ If yes, what medication and for which condition? _____

5. Does your child have any special medical needs? No ___ Yes ___ If yes, please describe: _____

I understand this information may be shared with those school staff who are supervising the student, those school staff who need the information in order to protect the health and safety of the student, and those school staff who are responsible for providing a safe learning environment.

Parent / Guardian Signature

Date