FEDERAL WAY PUBLIC SCHOOLS

Health History

Name of Student: _____ Grade: _____ Date: _____

Sex: ☐M ☐F Birth date: _____ Student ID: _____ School: _____

This information is needed to provide appropriate health services to your child during the school day and to prepare for any emergency situation should one arise. The school nurse may contact you with additional questions.

DOES THE STUDENT HAVE (check all that apply):			**PLEASE EXPLAIN ANY "YES" ANSWERS**
Allergies (pollen, dust, animals, foods, etc.)	☐ No	☐ Yes	
Life threatening allergy (anaphylaxis)	☐ No	☐ Yes	** If yes, complete reverse side **
Asthma	☐ No	☐ Yes	** If yes, complete reverse side **
Heart condition	☐ No	☐ Yes	
Emotional health concerns	☐ No	☐ Yes	
Orthopedic concerns	☐ No	☐ Yes	
Seizures	☐ No	☐ Yes	** If yes, complete reverse side **
Neurological condition	☐ No	☐ Yes	
Diabetes	☐ No	☐ Yes	** If yes, complete reverse side **
Birth defects/problems	☐ No	☐ Yes	
Bowel or bladder concerns	☐ No	☐ Yes	
Hearing loss	☐ No	☐ Yes	
Frequent ear infections	☐ No	☐ Yes	
Speech difficulties	☐ No	☐ Yes	
ADD/ADHD (circle one)	☐ No	☐ Yes	
Blood disorder	☐ No	☐ Yes	
Severe headaches or migraines (circle one)	☐ No	☐ Yes	
Wears glasses/contacts	☐ No	☐ Yes	
Other serious vision concerns	☐ No	☐ Yes	
Chronic condition or disability	☐ No	☐ Yes	
Other health concerns	☐ No	☐ Yes	
Has your student ever had chest pain, shortness of breath, dizziness, fainting, or passing out during or after exercise?	☐ No	☐ Yes	

MEDICATION

Is medication taken regularly at home? ☐ No ☐ Yes List medications: _____

Is medication needed at school?* ☐ No ☐ Yes List medications: _____

*State law requires written permission from a licensed health care provider and parent/guardian before any medication, prescription or over-the-counter, may be taken at school. A form is available from the school office.

PE WAIVER STATEMENT

I hereby give my permission for my student to participate in the regular physical education program. To the best of my knowledge he/she has no physical or mental impairments which will preclude participation and I hereby release Federal Way Public Schools or hold them harmless for allowing my student to participate in PE without a physical exam by a licensed medical provide. I do also agree to inform the school of any health problem which may arise that would preclude my child's participation.

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY INFORMED CONSENT

The disclosure of student health information with the school is limited to the information necessary to serve the student's health or education interest. Your signature gives permission for the school nurse to share this information with school staff on a need-to-know basis for precautions, procedures, and emergency plans to protect your child at school and foster academic success. You further agree to bring to the attention of the school any *major* changes in the physical condition of your child.

Parent/Guardian Signature: _____ Phone #: _____ Date: _____

Over for more ➡

ANAPHYLAXIS

If your student has a life-threatening allergy, please answer the following questions:

1. What is your student allergic to? _____
2. What are your student's symptoms? _____
3. Has your student been prescribed an Epipen? ❑Yes ❑ No

In accordance with state law, all students with Epipens must have written doctors orders, medication at school, and a nursing care plan signed by a parent/guardian prior to attending school. Please contact your school nurse to help implement your student's nursing care plan.

DIABETES

If your student has been diagnosed with diabetes, please answer the following questions:

1. Does your student use insulin to treat his/her diabetes? ❑Yes ❑ No
2. What is the name of the doctor/clinic that treats your student's diabetes? _____

In accordance with state law, all students with diabetes must have written doctor's orders, medication at school, and a nursing care plan signed by a parent/guardian prior to attending school. Please contact your school nurse to help write and implement your student's plan.

ASTHMA

If your student has asthma, please answer the following questions:

1. How long has your student had asthma? _____Years _____Months
2. Approximately how many days did he/she miss school last year due to asthma? _____
3. How many times in the past year has your student been:
   - Hospitalized overnight or longer for asthma? (check one) ❑ None ❑ 1 ❑ 2-4 ❑ 5+
   - Treated in an emergency room? (check one) ❑ None ❑ 1 ❑ 2-4 ❑ 5+
   - Treated in a doctor's office for non-routine asthma? (check one) ❑ None ❑ 1 ❑ 2-4 ❑ 5+
4. What are your student's early warning signs of an asthma attack? (check all that apply)
   ❑ Cough ❑ Cold symptoms ❑ Drop in peak flow ❑ Wheezing ❑ Decreased exercise ❑ Other: _____
5. Please list all medications taken at home for asthma: _____
6. Does your student need an inhaler at school? ❑Yes (written doctor's orders are required) ❑ No

SEIZURES

If your student has seizures, please answer the following questions:

1. When was your student diagnosed with seizures or epilepsy? _____
2. What types of seizures does he/she have? _____
3. What might trigger a seizure? _____
4. Describe any warning signs or behavior changes that may occur before a seizure. _____
5. When was his/her last seizure? _____
6. How does he/she react after a seizure? _____
7. Please list all medications taken at home for seizures: _____
8. Will your child need emergency seizure medication at school? ❑ No ❑Yes (please list) _____

In accordance with state law, all students with seizures must have a nursing care plan implemented in the school setting. Please contact your school nurse to help write and implement your student's plan.

LIFE-THREATENING CONDITIONS

RCW 28A.210.320-Children with Life-Threatening Conditions, requires a medication or treatment order as a prerequisite for children with life-threatening conditions to attend public schools. The law defines "life-threatening condition" as a health condition that will put the child in danger of death during the school day, if a medication or treatment order and nursing care plan are not in place. Potentially life-threatening conditions include, but are not limited to, students with seizure disorders, diabetes, life-threatening allergies, and some students with asthma and heart conditions. If this law applies to your student, please contact the school nurse.