



CAMAS SCHOOL DISTRICT

ANNUAL STUDENT HEALTH INVENTORY

Office use only Reviewed by: _____ School Nurse/date

THIS IS A REQUIRED FORM TO BE COMPLETED EVERY SCHOOL YEAR FOR ALL FIELD TRIPS & OFF-CAMPUS ACTIVITIES. IT IS DUE THE FIRST DAY OF SCHOOL.

Camas School District requires that a parent/legal guardian completes the Student Health Inventory at the beginning of each school year. The district Registered Nurse may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during school. (CSD policy 3414)

Student Name: _____ Gender: Female Male

Date of Birth: _____ School: _____ Grade: _____

Parents/Guardians Names (#1 Emergency contact) _____ Address where child primarily lives _____ Primary Phone _____

Guardian 1 Cell/Work _____ Guardian 2 Cell/Work _____ Primary Email Address _____

Parents/Guardian Names (Second Household) _____ Address (Second Household) _____ Phone (Second Household – primary) _____

The following contacts, in addition to parents/guardians listed above, have authorization to pick up my student from school:

Emergency Contact #2	Relation to student	Phone #1	Phone #2
Emergency Contact #3	Relation to student	Phone #1	Phone #2

Health Concerns – Life Threatening Health Conditions

If a life threatening health condition exists, a medication/treatment order from a Licensed Health Professional must be provided to your child's school prior to his/her attendance, in accordance with RCW 28A.210.320 and CSD policy 3413. An Authorization for Administration of Medication form is available from the school office or on the district web site under Parent Corner, Health Services. If a health condition exists, an Emergency Care Plan may be developed by the district Registered Nurse.

Check all that apply:

My child **DOES NOT** have any health concerns.

ALLERGIES/SEVERE ALLERGIC REACTION			
<input type="checkbox"/>	Food, Medication, Stinging Insect, Latex, Other _____ (Please circle)	List Allergies: _____	Treatment: _____
<input type="checkbox"/>	ASTHMA	Rescue Inhaler: <input type="checkbox"/> NO <input type="checkbox"/> YES	Date last used: _____ Triggers? _____
<input type="checkbox"/>	DIABETES	<input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2	Managed by: <input type="checkbox"/> Diet only <input type="checkbox"/> Oral meds <input type="checkbox"/> Insulin injections <input type="checkbox"/> Insulin pump
<input type="checkbox"/>	SEIZURE DISORDER	Type of seizure: _____	Date of last seizure _____ Diastat: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	CANCER/BLOOD DISORDER	Please specify: _____	
<input type="checkbox"/>	Other LIFE-THREATENING health concerns	Please specify: _____	
<input type="checkbox"/>	Other health concerns or significant history	Please specify: _____	

Please complete reverse side.

Medications

Prior to any medication given at school, a written authorization is required from a Licensed Health Professional and parent/legal guardian, in accordance with RCW 28A.210.260 and CSD policy 3416.

Is medication needed at home? Yes No If yes, name of medication and condition _____

Is medication needed at school? This includes any school sponsored events, sports/club events or overnight trips.
 Yes No If yes, name of medication and condition _____

Name of student's licensed health care professional: _____ Phone: _____

Name of other specialists: _____ Phone: _____

Health Insurance

Washington State legislators find that improving the health of children in Washington is an investment in a productive and successful next generation. Based on this premise, Camas School District shall annually inquire whether a student has health insurance and if not, provide parent/legal guardian with information about *existing health insurance programs*.

Does your student have health insurance? YES NO
If you answer "no" or do not respond, health insurance information will be provided.

Office use only:
WA State health insurance information provided
to parent _____ (date/initials).

Parent/Guardian Required Notification

Effective July 24, 2005 and July 1, 2007 respectively, Washington State Legislature passed laws requiring schools to provide **meningococcal** information and **papillomavirus** to parent/guardian of students beginning with sixth grade entry at the beginning of every school year. This information can be accessed from the district website under Parent Corner, Health Services or from your student's school.

I understand that the information above will be shared in a confidential manner with appropriate school staff on a need to know basis to keep my child safe during the school day. I will keep the school informed throughout the year regarding any changes in health status and/or contact information for my child. If parents/legal guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to request emergency medical services (911). I understand that I may be responsible for the payment of any services rendered.



Parent/Guardian Signature

Date

Preferred Hospital

This form DOES NOT update contact information at the district office used by your child's teachers and school secretaries. To update your contact information, please contact Shanna Nielson or Becky Stauffer at registrar@camas.wednet.edu or 360.833.5410.