



# Camas School District ANNUAL Student Health Inventory

Office use only Reviewed by: _____
School Nurse/date _____

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 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Female  Male  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians Names	Address where child primarily lives	Home Phone/Cell Phone
<small>Primary E-mail address &amp; Parents/Guardians Names (Second Household)</small>	<small>Address (Second Household)</small>	<small>Phone (Second Household)</small>

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

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

### 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 student’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 must be developed by the district Registered Nurse.

Check all that apply:  My child **DOES NOT** have any health concerns.

- Severe Allergic Reaction (e.g. food, medication, etc.) Please specify: \_\_\_\_\_
- Asthma: Rescue inhaler?  Yes  No Date last used: \_\_\_\_\_
- Diabetes:  Type 1  Type 2 Managed by:  Diet only  Oral meds  Insulin injection  Insulin pump
- Seizure Disorder Type of seizure: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_
- Cancer/Blood Disorder Please specify: \_\_\_\_\_
- Other life-threatening health concerns: \_\_\_\_\_
- Other health concerns: \_\_\_\_\_

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. The Authorization for Administration of Medication form is available from the school office or on the web site under Health Services in the Parent Corner.

Is medication needed at home?  Yes  No If yes, please specify: \_\_\_\_\_

Is medication needed at school?  Yes  No If yes, please specify: \_\_\_\_\_

Name of student's 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 (initials).
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Parent/Guardian Required Notification

Effective July 24, 2005, Washington State Legislature passed a law requiring schools to provide meningococcal information to parents/guardian of students beginning with sixth grade entry at the beginning of every school year. Please click here to view the [meningococcal letter](#).

Effective July 1, 2007, Washington State legislature passed a law similar to the meningococcal law requiring schools to provide human papillomavirus information to parents/guardian of students beginning with sixth grade entry. Please click here to view the [human papillomavirus letter](#).

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I understand that the information above will be shared in a confidential manner with appropriate school staff that needs to know in order to provide for the health and safety of my student. I will keep the school informed throughout the year regarding any changes in health status and/or contact information. 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