RCW School Health Information 2019-20

Student Name: _____ Grade: _____ Birthdate: _____

School employees who work with students need to know about student health concerns. Please check any that apply. Explain any condition on the bottom of the page. Information gathered will be shared with the adults employed in the RCW school building, otherwise it will be considered confidential. A signed Release of Information form (obtained in the K12 Office) would allow staff to talk to and/or obtain information from individual(s) involved in your child's care.

Please check any / all that apply

____ Asthma

____ Allergies

____ Arthritis

____ Chemical Dependency

____ Diabetes

____ Epilepsy

____ Hearing Problems

____ Heart Disease

____Mental Health

_____ Muscular Dystrophy

_____ Nervous System Disorder

_____ Paralysis

_____ Physical Deformities

_____ Respiratory Problems

_____ Speech Problems

_____ Vision Problems

_____ Behavioral Concerns

_____ Other (please explain below)

Medications, please list:

_____

_____

Please explain any health condition you have checked:

_____

_____

_____

For health/medical information that you want maintained in the health office, please contact the nurse.According to Minnesota Statutes and school policy, medication must be provided in a container with an original label. Please complete a medication authorization form at the school health office for any medication required to be given at school to meet your child's educational needs. ***All medication administration will be supervised by the school nurse.***

_____ _____

Parent/ Guardian Signature Date