

# Washington

School for the Deaf

# Health Record 2009 - 2010

Admissions Office  
Washington School for the Deaf  
611 Grand Blvd / Vancouver, WA 98661  
(360) 696-6525 (v/tty) / (800) 613-4228 / [www.wsd.wa.gov](http://www.wsd.wa.gov)

**WASHINGTON SCHOOL FOR THE DEAF**  
**Student Health Record 2009 – 2010**

**STUDENT NAME:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Medical Permission	Yes	No	Restrictions
Local physicians and physicians contracted by WSD may provide Urgent/Emergency medical care as needed. <i>(Non-urgent care should continue at home.)</i>			
My child's physicians may be contacted as needed.			
I give permission for WSD staff to act on my behalf when making emergency medical decisions should I be unavailable in an emergency.			
WSD nurses and delegated staff may administer prescription medications, over the counter medications and treatments (including ear cleaning) prescribed by a licensed physician. Please note any medications or treatments that should not be given related to allergies or health conditions.			
Nurses may convey medical information that will be kept confidential, as they perceive beneficial, to staff working with my child.			
I will share my e-mail in hopes that the nurses keep in weekly contact with me regarding the refill of my student's medication/s.			Our e-mail:

Medical History	
Please attach a list of all current vaccinations.	
Health Conditions that are Life Threatening: Any condition that is life threatening, according to RCW 28A.210 Sec. I) requires that a nursing plan be in place before the student attends school.	Please note any health condition that are life threatening: (asthma, seizures, diabetes, allergies, etc.)
<b>Please list allergies</b> to medication, food, environmental or insect sting:	
Special Instructions:	
Please list all acute/chronic medical conditions and concerns.	
Special Diet: (must be signed by MD on back)	Reason:
Activity Restriction: (must be signed by MD on back)	Reason:
Insurance Information	
Name & Address of Insurance Company	Policy & Group Numbers/Union & Local

I am responsible for providing payment or medical insurance coverage for my student including medical expenses, evacuation and/or emergency transportation charges. Washington School for the Deaf does not provide medical insurance coverage for students and will not be held responsible for medical expenses under any circumstance. Note: We would appreciate your bringing medical card so we can make copy during registration.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Washington School for the Deaf

## Attention Parents

If your student needs to take medications at school this form needs to be signed by your doctor and on file at Washington School for the Deaf

We appreciate the name of your student's physician if they receive medication from you during the year.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Allergies \_\_\_\_\_

Physician/Primary Care Provider Information	
Physician's Name (printed):	Clinic's Name:
Address:	
Phone:	Fax:

Medication	Dosage	Route	Times per Day	Reason for Med

Diet \_\_\_\_\_ Activity Restriction \_\_\_\_\_

Can student self-administer inhalers? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician Signature required for WSD Nurses to administer prescription medication(s), for WSD food service to offer special diet plan, and/or WSD staff to ensure activity restrictions.

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_