



Bremerton School District

HEALTH REGISTRATION FORM

School Name: _____ Today's Date: _____

Student Name: _____ Grade: _____

Health Information

The following information is considered confidential and is for use by teachers, principals, school nurses, and other staff who will be in contact and responsible with your child during the school day.

If any of the conditions are marked below, the school nurse will be in contact with you.

Home Phone:() _____ Work Phone:() _____ Pager:() _____

Signature: _____

Please check any of these conditions which **currently** affect your child:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Orthopedic/Bone | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems(other than glasses) | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Kidney/Bladder Disorder | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Convulsions, Seizures | <input type="checkbox"/> Mental/Emotional | <input type="checkbox"/> Other/Describe Below |

Allergy to: _____ Severe Yes No

Asthma – provoked by: _____ Severe Yes No

Heart Disease – describe: _____

Takes medication daily at Home School

Medication is: _____

For: _____

If your child must receive medication while at school, a "Health Care Provider's Order for Medication at School" form must be completed and signed by the medical provider and parent(s) or legal guardian(s) of the child. You may obtain this form from the school secretary.

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health, which might affect school performance or require special consideration (e.g., limitations in activities, etc.). It is suggested that you speak directly to your child's teacher (elementary) or counselor (secondary) about special health needs. It is the parent(s)/ guardian(s) responsibility to inform schools about changes in medication orders or health conditions.

IN THE EVENT OF A MEDICAL EMERGENCY AND THE PARENT OR GUARDIAN CANNOT BE REACHED, 911 WILL BE CALLED. IF YOUR CHILD NEEDS TO BE TRANSPORTED TO A MEDICAL FACILITY, PLEASE INDICATE YOUR PREFERENCE?

- HARRISON BREMERTON NAVAL HOSPITAL GROUP HEALTH HARRISON SILVERDALE

DOCTOR'S NAME: _____ PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____