



Health Services Department – Bremerton School District 100-C
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Student Health Information for School

All Kindergarten and New Students (Grades 1 to 12) must complete a [Health Registration Form](#). All forms should be returned to the main office of your home school or School Nurse or Health Services by calling (360) 473.1073. Questions about these forms during the school year can be directed to the School Nurse. During the summer months, questions may be directed to the Student Services Office at the District Main Office (360) 473.1076 or 473.1069.

Washington State Immunization Requirements

[WA State Immunization Requirements CIS forms and schedules](#) Once accessing this site, scroll down where all the information is waiting for you. On this website, translations of all documents is available in 17 different languages. Bremerton School District **requires proof of immunization before your child can be officially enrolled**. If your child has not received their immunizations, or if you would like more information on the HPV vaccine or any other immunizations, please contact your doctor or **Kitsap Public Health District at 360-728-2007** or visit their [Kitsap Public Health District - Immunizations](#) to answer questions about immunizations in Washington State, immunization opportunities and clinic hours.

The State of Washington **requires** all children entering kindergarten or seventh grade to have:

- a series of three Hepatitis B vaccinations as well as immunization against Polio, Diphtheria/Tetanus, Rubella, Mumps, and Measles, and Varicella (Chickenpox) before they enter school.
- all students 9th - 12th grade are required to have two doses of the Varicella vaccine
- a second measles immunization (MMR) is also required before your child can enter kindergarten or the seventh grade
- seventh grade students are required to have an additional Tetanus (Tdap) vaccine

If parents/guardians choose to exempt their child from one or more of the required vaccines, they must complete the Certificate of Exemption Form (DOH 348-106) **All exemptions must have a licensed health care provider sign and date the form where indicated**. A health care provider does not need to sign the form for parents/guardians who show membership in a church or religious body that does not allow medical care from a health care provider. Additional information: [WA Department of Health - School Immunizations-Vaccinations](#)

Medication Administration

All medication (prescription and over-the-counter) require a [Medication at School Form](#) and an [Authorization for Release of Student Information Form](#) **All health form(s) must be renewed each school year and require a Licensed Medical Provider's order, date, and signature.**

Bremerton School District Health Policies

[Medication at School Form & District Medication at School Policy #3416](#)
[Medication/Treatment 3431](#) [Medical/Treatment Policy 3431P](#)
[Student Immunization - Life Threatening Conditions Exclusion Policy #3413](#)
[Infectious Disease Policy #3414P](#)
[Head Injury-Concussion Policy #3422 & 3422P](#)

Health Information

[Health Services at Bremerton School District Welcome Page](#)
[When to stay home from school](#)
[Food Allergy & Anaphylaxis](#)
[Diabetes & School - American Diabetes Association](#)



HEALTH REGISTRATION FORM

Please use black ink and fill this form out completely!

Name: _____ DOB: _____ Grade _____ Gender _____
Last First M I (Legal Name if Different)

Address: _____ Primary Phone: _____
Street City State Zip Code

Is this a new address and/or phone number? _____ Yes _____ No

Student Lives with:	Both Parents	Mother Only	Father Only	Mother & Stepfather	Father & Stepmother
(Circle One)	Agency	Self	Legal Guardian	Other:	

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Doctor: _____ Phone: _____ Preferred Hospital: _____ Default is St. Michael's

Health History:*

Please answer by checking:	No	Yes	Glasses	Contacts	No	Yes	
Does student have vision problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does student have hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>
Check if student has any of the following:	No	Yes	Mild	Moderate	Severe	Life Threatening	
Anaphylactic Allergy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Problem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures, type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explain if other issues exist (including learning disabilities ADHD or ADD):

***If a student has diabetes, a life threatening allergy, or medical condition; state law requires that a care plan be in place. Prior to admission, we will need a medication and/or treatment order signed by a Licensed Health Care Professional and the parent/guardian.**

Does student take medications of any kind?**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list: _____
Will student need to take medications at school?**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list: _____
Has student had any serious injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Explain: _____

*The nurse's office will share serious health information with your student's teacher and other school staff. If you do **NOT** want information shared, please call the school nurse.

Students requiring medication (prescription or non-prescription) at school **MUST have a written order by a **Licensed** Health Care Professional and written **parent** consent. These forms are available at every building from the secretaries and the school nurse.

In the event of a serious accident or injury we will attempt to contact the parent/guardian first. If parents can not be reached I authorize Bremerton School District staff to contact a doctor/dentist or 911, if necessary. I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital.

*911 will be called if deemed necessary

****IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.**

Parent/Guardian Signature: _____ Date: _____