

SUMMIT CHRISTIAN ACADEMY - SPECIAL HEALTH CONDITIONS

Dear Parent,

Please describe your child’s current health condition in the form below. It is important that you keep the school informed of any changes in health or medication which would affect your child at school. If your child needs to take medication at school, please notify the school office by emailing summitacademy@ncek12.com

CHECK HERE IF ANY OF THE HEALTH CONDITIONS ARE LIFE THREATENING AND WOULD REQUIRE EMERGENCY MEDICATION OR TREATMENT AT SCHOOL. Please circle the condition(s) below that are life threatening. RCW 28A.210 requires that a physician’s orders and a nursing care plan must be in place before a student attends school.

The health conditions described below are of sufficient concern that I will contact the school nurse by emailing summitacademy@ncek12.com.

CURRENT HEALTH CONDITIONS

ASTHMA	Medications needed at school: <input type="checkbox"/> Yes; physician’s orders and nursing care plan required** <input type="checkbox"/> No
BLOOD DISORDER (Anemia, Hemophilia, etc.)	Type: Accommodations:
CARDIAC	Type: Limitations:
DIABETES*	<input type="checkbox"/> Type 1; physician’s orders and nursing care plan required** <input type="checkbox"/> Type 2 Medications:
EATING/SWALLOWING DIFFICULTIES (Notify Speech Language Pathologist)	Describe: Accommodations:
DIGESTIVE DISORDER (Food intolerance, colitis, etc.)	Type: Food substitutions needed: <input type="checkbox"/> Yes; diet prescription form required** <input type="checkbox"/> No
HEARING IMPAIRMENT OR COMPLETE HEARING LOSS	Describe: Accommodations:
INSECT STING ALLERGY	Insect type: Life threatening reaction: <input type="checkbox"/> Yes; physician’s orders, nursing care plan, and medication required** <input type="checkbox"/> No
LATEX ALLERGY	Accommodations: Life threatening reaction: <input type="checkbox"/> Yes; physician’s orders, nursing care plan, and medication required** <input type="checkbox"/> No
SKIN PROBLEMS (Eczema, etc.)	Describe: Accommodations:
IMMUNOSUPPRESSION* (Cancer, transplant, etc.)	Type: Accommodations:
NEUROLOGICAL PROBLEM (Hydrocephalus, Cerebral Palsy, etc.)	Type: Accommodations:
ORTHOPEDIC PROBLEM (Arthritis, Muscular Dystrophy, etc.)	Type: Limitations: <input type="checkbox"/> Yes; physician’s note required** <input type="checkbox"/> No
BEHAVIORAL/MENTAL HEALTH (ADHD, Autism, Depression, Anxiety, etc.)	Type: Medications needed at school: <input type="checkbox"/> Yes; physician’s orders required** <input type="checkbox"/> No
RESPIRATORY PROBLEM (Cystic Fibrosis, etc.)	Type: Medications needed at school: <input type="checkbox"/> Yes; physician’s orders required** <input type="checkbox"/> No
SEIZURE DISORDER* (Epilepsy, etc.)	Type: Accommodations:
URINARY/KIDNEY DISORDER (Nephritis, etc.)	Type: Accommodations:
VISION IMPAIRMENT OR COMPLETE VISION LOSS	Describe: Accommodations:
DRUG ALLERGY	Type:
OTHER HEALTH PROBLEMS	Describe: Accommodations:

My child has no health problems to my knowledge.

* **Notification of school nurse required. You can contact the nurse by emailing summitacademy@ncek12.com.**

** **Additional information required. You can provide documentation by emailing summitacademy@ncek12.com.**

_____ Date

_____ Parent/Guardian Signature

_____ Full Name (Written Legibly)