



HELP US HELP YOUR CHILD!

We hope that everyone has a great summer! We do have a few reminders of what needs to be done before returning to school in the fall.

1. IMMUNIZATIONS- Please make an appointment at your primary physician's office. Check on immunizations- All 6th graders need an immunization before entering 7th grade. Check and see what are all the immunizations your child needs.
2. SPORTS PHYSICALS- Ask about sports physicals for the older students!
3. OVER THE COUNTER & PRESCRIPTION MEDICATIONS- We need permission from your healthcare provider for all medications. The forms are in the office and at I.H.S Clinics.
4. HEAD LICE – I'm hoping for a much better head lice year in 24/25! Head lice crawl from head-to-head. They do not fly or jump. When the weather gets colder in the winter please remember:
 - A. Do not share hats/scarfs/ coats.
 - B. Pull longer hair back in ponytail or braid.
 - C. Wash bedding & clothes in hot water.
 - D. When we notify you that your child has head lice you must do a headlice treatment before they can return to school.
 - E. We are all in this together- Student/Staff and families! If you don't treat your child, we can't get rid of it. Please-please this winter do daily head checks!
5. AUTHORIZATION FOR EXCHANGE OF MEDICAL INFORMATION- We have included this form in your packet. If you are tired of us calling you and asking you to get information regarding your child- sign this form and we can help you.
6. GUIDELINES FOR KEEPING STUDENTS HOME FROM SCHOOL- the following are some guidelines and symptoms we look at here at the school to determine if we send a student home.
 - A. Nausea, vomiting or diarrhea
 - B. Runny nose if discharge is green or yellow
 - C. Body Temp is 100 degrees or higher
 - D. Pink Eye in one or both eyes

Healthy children learn better! Please make sure they get plenty of rest each night, push water instead of pop and avoid exposure to second hand smoke!

We look forward to working with your child/children!

Robin & Siggy

NESPELEM SCHOOL DISTRICT

Student Health Information 2024-2025

Student Name: _____ Date of Birth _____
Grade _____ Age _____ Male/Female _____

Life Threatening Medical Conditions (Check all that apply):

If your child has a life threatening medical condition, state law requires a medication/treatment order from a Health Care Provider, and a school nurse Health Care Plan before your child can attend school. Does your child have any of the following conditions? Please explain:

Y/N Severe allergic reaction to tree nuts, peanuts Other food product: _____
Y/N Severe allergic reaction to bee sting, other insects: _____
Y/N Other severe allergies affecting school. Specify: _____
Y/N Severe asthma, regularly takes medication for asthmatic condition or hospitalized within last 5 years: _____
Y/N Seizure disorder: _____
Y/N Diabetes: _____
Y/N Heart condition: _____

Does your child have any of the following conditions that would affect his/her classroom performance or P.E. activities?

Y/N Allergies Specify: _____
Y/N Asthma, takes medication only when needed: _____
Y/N History of Seizure disorder: _____ Type & date of last seizure: _____
Y/N History of heart condition: _____
Y/N Digestive, bowel or bladder problems: _____
Y/N Growth problems: _____
Y/N Skeletal limitations: _____
Y/N Cancer/Leukemia: _____
Y/N Neuromuscular problems: _____
Y/N Other developmental disability: _____
Y/N Attention Deficit Disorder: _____
Y/N Behavioral/Emotional concerns: _____
Y/N Tourette's Syndrome: _____
Y/N Migraine headaches: _____
Y/N P.E. considerations: _____
Y/N Vision deficit: _____
Y/N Hearing loss: _____
Y/N Routine medication: _____

Medication: State law requires written permission from a Health Care Provider & parent before any medication (prescription or over-the-counter) can be carried by a student at school. A form is available from the school nurse or office. This information is confidential. It will be shared with staff on a need-to-know basis. I understand 911 may be called to assist in a medical emergency during school hours. I understand that is my responsibility to notify the school office in writing if there is a change in my child's health.

Preferred Doctor: _____ Phone #: _____
Preferred Hospital: _____ Phone #: _____
Parent/Guardian Signature: _____ Date: _____

Confidential, please return this form to the permanent record file.