

SITKA SCHOOL DISTRICT

http://sitkaschools.org

300 Kostrometinoff Street
Sitka, Alaska 99835
Phone: (907) 747-8622
Fax: (907) 966-1260

PLEASE NOTIFY YOUR CHILD'S
SCHOOL OF ANY CHANGES TO YOUR
CHILD'S HEALTH INFORMATION.

STUDENT HEALTH INFORMATION FORM To be completed by Parent and/or Guardian

A	Student's Legal Name:	Date Of Birth:
	(Last) (First) (Middle)	<input type="checkbox"/> Female <input type="checkbox"/> Male

Information for Parents and/or Guardians:

Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against diphtheria, tetanus, polio, pertussis, measles, mumps, rubella hepatitis A, hepatitis B, and varicella. [Pertussis is not required in children over six and rubella is not required in children 12 years of age or older.](4 AAC 06.055)

If there is anything not covered on this form that you believe would be important for either district staff or the district nurse to know regarding your child's health, please list it on the back (Pg.2) of this form or contact the district nurse at 907-966-1406.

Tuberculosis Risk Assessment

The Tuberculosis Risk Assessment (attached) must be completed for **all students new** to the district.

Health Concerns/History

B	Please read and check the Y (Yes) or N (No) box next to item listed.									
	For any Y (Yes) items checked, please explain on the back (Pg. 2).									
		Y	N			Y	N		Y	N
	Allergies			Vision Problems				Concussion		
	Lactose Intolerance			Uses contacts or glasses				Bleeding Disorder		
	Asthma			Hearing Problems				Fainting/Blacking Out		
	Respiratory Problems			Tubes in place				ADD/ADHD		
	Diabetes NIDDM/IDDM			Frequent earaches/infections				Autism		
	Heart Problems/Conditions			Uses Hearing Aids				Down Syndrome		
	Seizure Disorder			Chronic Headaches/Migraines				Other		

Acknowledgment

C	By signing below you acknowledge that you have read, understood, and provided all relevant health information.	
	Printed Name of Parent or Guardian:	
	Signature of Parent or Guardian:	Date:

Office Only:

Please give to District Nurse for signature before filing.

Bldg. BES KGH BMS SHS PHS REACH

Nurse's Signature: _____

Date: _____

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Health Concerns/History- Details

Allergies

Allergic to:	Severity			Medication or Physical Response Needed: ¹	Parent Contact: ²		
	Mild	Moderate	Severe		Upon initial episode	As soon after episode as possible	None needed

Other Chronic Medical Conditions

Condition:	Severity			Medication or Physical Response Needed: ¹	Parent Contact: ²		
	Mild	Moderate	Severe		Before intervention	As soon after intervention as possible	None needed

¹If your child needs to have medicine either self-administered or administered by school personnel, you MUST complete a **REQUEST FOR MEDICINE ADMINISTRATION** Form. You can obtain one from any school office or online at sitkaschools.org. This form must be completed and returned annually or sooner if needed.

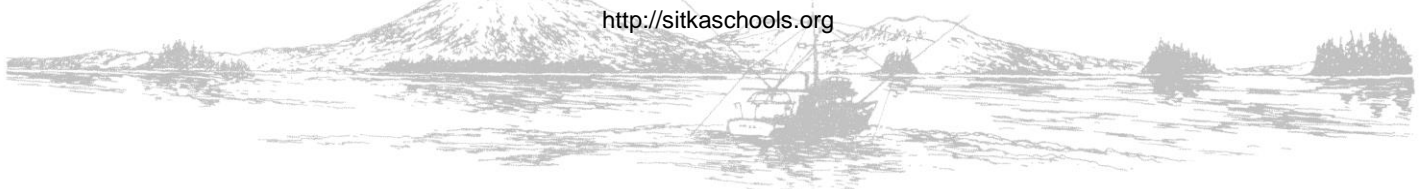
²School personnel will honor parent contact as best they can in the circumstances of the event.

Additional Information

Please provide any additional health information

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Tuberculosis (TB) Risk Assessment for Alaska Students

D Please read each of the following 4 questions and circle your response. (YES or NO).			
1.	Has the student been in contact with anyone who has active TB disease in the past year?	YES	NO
2.	Is the student foreign-born? (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)	YES	NO
3.	Has the student travelled to a high-TB-prevalence country for more than a month cumulatively during the past year? (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)	YES	NO
4.	In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student travelled to one of these regions for more than a month cumulatively during the past year?	YES	NO
<p>If any response is YES, TB screening will be required.*</p> <p>*District nurse can provide screening with consent. (Please check one of the following boxes.)</p> <p><input type="checkbox"/> I give my consent for my child to have a Tuberculin skin test given by the School District Nurse when required.</p> <p><input type="checkbox"/> I will have the screening done by a provider of my choice and provide the results to the district.</p> <p>Initials of Parent or Guardian: _____</p> <p><i>If all responses are NO, no further actions are needed.</i></p>			
<p>Additional Information you wish to provide:</p>			

If you have any questions, please contact the School District Nurse at 907-966-1406