

Riverview School District - Health Care Plan

32250 NE 50th St Carnation, Wa 98014 Phone # 425-844-4500 Fax # 425-844-4502

Student _____

Birth Date _____

School _____

Teacher/Grade _____

Parent/ Guardian _____

Home Phone _____

Work Phone (mother) _____

Work Phone (father) _____

Home Address _____

Additional Emergency Contacts

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

Health Care Provider _____

Phone _____

Hospital _____

Health Concerns

Allergies

Medication

Dosage

Time Given

Reason

Medical Treatment

Time Given

Other Health Concerns (such as use of glasses, hearing aides, wheelchair, etc.)

Health Care Plan Steps (use back of this form if more space is needed)

If You See This:

Do This:

In order to provide a safe and healthy environment for your child, this information will be accessible to the appropriate school staff and community emergency personnel who may have contact with your child.

Parent/Guardian Signature _____

Date _____

Teacher Signature _____

Date _____

School Nurse Signature _____

Date _____