

Annual Student Health Information Update

To ensure your student's health at school, please choose **ONE** of the following 2 options.

Option 1 – Online Form	Option 2 – Paper Form
<p>Use the online Student Verification Form to provide the school nurse health updates for your student for the upcoming school year.</p> <ul style="list-style-type: none"> • Changes to the student's healthcare provider name and phone number • Changes to the student's life threatening health conditions <p>For all other changes such as allergies, medications or treatments, contact the school nurse directly.</p> <p>How to complete the online form</p> <ol style="list-style-type: none"> 1. Sign into the Source and then click Data Verification Form. <ul style="list-style-type: none"> • The system allows for only one data verification form to be submitted per student. If another legal guardian has initiated filling out the data verification form, you will receive an error indicating that the form is associated with another account. • If you have multiple students at the district, you will fill out a data verification form for each student. 2. Review and update your student's health information. 3. Submit the form. <p>TIP: To get technical help when using the form, contact sourcesupport@seattleschools.org.</p> <p>I do not have a Source account. How do I get started? The Source provides access to student information. To set up an account, use the email address that is currently on record at your student's school.</p> <p>Read more about the Source, including how to set up your account by clicking "Student Family Portals" at the top of the home page on the district's website: www.seattleschools.org.</p>	<p>Complete the following information and return this form to your student's school or school nurse. You are encouraged to complete and return this form as soon as possible to ensure the school nurse has current health information for your student.</p> <p>_____</p> <p>Student Last Name</p> <p>_____</p> <p>Student Middle Name</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>Healthcare Provider Name</p> <p>_____</p> <p>Student First Name</p> <p>_____</p> <p>Student Date of Birth</p> <p>_____</p> <p>Student Grade</p> <p>_____</p> <p>Healthcare Provider Phone</p> <p>New or changed life threatening health conditions Please be brief and only include conditions that are life threatening. The school nurse will contact you for details.</p> <div data-bbox="856 873 1969 1140" style="border: 1px solid black; height: 164px; width: 530px;"></div> <p>For all other changes such as allergies, medications or treatments, contact the school nurse directly.</p> <p>_____</p> <p>Name of person filling out form (please print)</p> <p>_____</p> <p>Date</p>