## Lake Washington School District



## **Annual Nurse Alert Form**

Student Name	Last	First		Middle	Birthdate	
School			_Grade		_School Year	(e.g. 2024-2025)
-	•				at affect them at sc LEASE SIGN AND DAT	hool? □ Yes □ No TE THE BOTTOM*
Medications (inc	luding prescrip	tion, supp	lements,	and ove	er the counter)	
<b>ALL medications at school require a </b> <i>Medication Administration Authorization form.</i> Forms are available at www.lwsd.org under Health Services or from your school office.						
Medication to be g	given at school		N	ledication	taken at home	
Life-Threatening	Conditions or C	Other Seri	ous Heal	th Condi	tions	
Life-threatening definduring the school day	nition per RCW 28A.	210.320(4)	: Any health	condition	that will put the child	I in danger of death
If your student has a serious health condition, it is very important that you discuss this with your School Nurse IMMEDIATELY. Washington State Law (RCW 28A.210.320) requires that medication, treatment orders, and an individual health plan be in place prior to attending school. Contact your School Nurse through the school office to develop a health plan for your student.						
My student has the following serious health conditions – Check boxes below:						
☐ <b>Asthma:</b> Requires an inhaler at school? ☐ Yes ☐ No						
Cardiac Diagnosis:						
Restrictions:						
	☐ <b>Diabetes:</b> ☐ Insulin Pump ☐ Insulin Pen ☐ Insulin Syringe					
☐ <b>Life-Threatening Allergy:</b> Requires epinephrine/EpiPen? ☐ `Allergen(s):					•	
	☐ Seizure Disorder (Describe):					
Medication(s):						
	☐ Other serious health condition(s):					
Parent Signature					Date <sup>.</sup>	

Parent/Guardian is responsible for notifying staff/coaches or after school programs of all medical concerns, however, this form will be reviewed by the School Nurse and shared with educational staff. If your student has health changes throughout the year, it is the responsibility of the parent/guardian to notify the School Nurse.