

Treatment Order

According to Washington State law, students who have a potentially life-threatening condition must have a treatment or medication order on file at school. This order must be signed by a licensed health care provider and reviewed annually. Your assistance is appreciated.

School: _____ Date: _____
Student: _____ Date of Birth _____
Teacher: _____ School ID: _____ Grade _____

1. Diagnosis:
2. Is this condition considered life threatening as defined in Washington State Law, “In danger of death during the school day?”
3. List any precautions, restrictions or limitations to be implemented at school
4. Symptoms to be aware of or monitor at school:
5. Describe potential emergency situations and recommended response/treatment at school

Possible Symptoms

Recommended Treatment

Physician Signature

Date