

**2020- 2021 Annual Nurse Alert Form**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Serious Health Conditions**

If your child has a serious health condition, it is vital 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 child.

**Does your child does have health conditions that affect them at school?**  Yes  No

*\* IF YOU CHECK NO, THEN NO FURTHER INFORMATION IS NEEDED. PLEASE SIGN AND DATE AT THE BOTTOM. \**

**Medications** (including prescription, supplements, and over the counter)

ALL medications at school require an **Authorization for Administration of Medication form** available at [www.lwsd.org](http://www.lwsd.org) or at the school office.

Medication to be given at school: \_\_\_\_\_ Medication taken at home: \_\_\_\_\_

**My child has the following serious health condition – Check boxes below:**

- Asthma:** Requires an inhaler at school?  Yes  No
- Cardiac diagnosis:** \_\_\_\_\_  
Restrictions: \_\_\_\_\_
- Diabetes** (Date of diagnosis: \_\_\_\_\_)
  - Insulin/pump  Independent
  - Insulin/pen  Dependent
  - Insulin/syringe
- Life Threatening Allergy:** Requires an EpiPen?  Yes  No  
Allergens: \_\_\_\_\_
- Seizure Disorder** (describe): \_\_\_\_\_  
Medications: \_\_\_\_\_
- Other serious health conditions:** \_\_\_\_\_

**Health Care Provider Information**

Health care provider \_\_\_\_\_ Phone number \_\_\_\_\_

Health care provider \_\_\_\_\_ Phone number \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian is responsible for notifying the staff/coach or after school programs of all medical concerns, however, this form will be reviewed by the school nurse and shared with educational staff.