

2023-2024 Annual Nurse Alert Form

Student Name _____ Birthdate _____

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.

Does your child have health conditions that affect them at school? YES NO

IF YOU CHECK NO, THEN NO FURTHER INFORMATION IS NEEDED. PLEASE SIGN AND DATE 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

Medication to be given at school _____ Medication taken at home _____

My child has the following serious health conditions - Check boxes below:

Asthma: Requires and 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 the education staff.