

FERNDALE SCHOOL DISTRICT NO. 502
Ferndale, WA 98248

Life Threatening Health Condition Status Update

Student: _____ **Date of Birth:** _____
Primary Health Care Provider: _____ **Phone:** _____
School: _____ **School Nurse:** _____

A "life-threatening condition" (WAC 180-38-020) is defined as a health condition that will put the child in danger of death during the school day if medication or treatment order and a nursing plan are not in place. The medication or treatment order must address the "life-threatening condition" and it must be on file with the school along with medication and equipment prior to the child attending school.

Our records indicate a "health concern(s)" of: _____

_____ which, we believe, would require a medication or treatment order and a nursing plan.

*Authorization for exchange of confidential information is attached.

A. To Be Completed by the Licensed Health Care Provider

The above named student has the following "life-threatening health condition" which requires a medication or treatment order and a nursing plan in place.

- Diagnosis: _____

- Treatment plan: _____

- Medication form attached (if medication is to be administered). Yes ___ No ___
If no, indicate reason: _____

Health Care Provider Signature: _____ **Date:** _____

B. Notification of Student Health Status or Change in Status

If you feel this student's health condition does **not** meet the criteria of a "life-threatening condition" or no longer meets the definition of a life threatening condition, please discuss this with the parent/guardian of the above named student and return this form with the signatures below. It is imperative that both a parent and the health care provider are in agreement in this decision.

As the above student's health care provider, I do not believe this student has a diagnosis that would be considered (by definition above) as a "life threatening condition."

Physician Signature

Date

As the parent/guardian of the student named above and I have discussed the health concern noted above and agree that there is **not a life-threatening condition as defined, which would require medication, treatment or nursing plan in place.**

Parent Signature

Date