

South Bend School District

Students with Life-Threatening Health Conditions

Date: _____

Dear Parent or Guardian:

Washington state law requires that parents of children who have a life-threatening health condition must obtain a medication or treatment plan signed by a licensed health care provider and provide it to the school each year, on or before the first day of school. The law requires the school district to exclude any child with a life-threatening health condition from attending school until a medication or treatment plan is provided.

Your child's safety is our priority and we do not want your child to miss any school. Please make plans to schedule an appointment with your child's physician or health care provider as soon as possible to obtain a signed medication or treatment plan. Provide a copy of the plan to the following person. Please call if you have any questions.

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: Please complete the section below and return the entire form immediately.

Name of Student: _____ Date: _____

Name of Parent: _____ School: _____

Please complete and return this form for each child who has a serious or life-threatening condition that may put him/her in danger that may require medical services to be performed at school if a medication or treatment plan is not in place.

- _____ severe asthma
- _____ food allergy: _____
- _____ bee sting allergy
- _____ unstable diabetes
- _____ seizures
- _____ other: _____
- _____ other: _____

- _____ I have attached a medication or treatment plan.
- _____ I will provide a medication or treatment plan by _____ (date).

Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____

OFFICE USE ONLY

Date Returned:	Teacher:	Student ID #	Other