Lake Washington School District – Nurse Alert Form

Student Name _____ Birth Date _____
Last First

School _____ Teacher _____ Grade _____

Health Information

It is the responsibility of parents/guardians to inform the school if a student has a serious health condition or special needs. This information will be reviewed by a district nurse and shared with the staff as needed.

Serious Health Condition/Special Needs – Describe: _____

Medications given at home: _____

Medications given at school: ☐ **Yes** ☐ **No** _____

If yes, parent/guardian must fill out Authorization for Administration of Medication form available in school office.

Local Physician _____ Phone number _____

Parent/Guardian Signature _____ Phone number _____

Parent/Guardian e- mail address _____

Date _____ SP41 2/07