LAKE WASHINGTON SCHOOL DISTRICT – NURSE ALERT FORM

Instructions for Completing the Nurse Alert Form

The Nurse Alert form on the other side of this card allows district nurses to gather information on students with serious health conditions. The form lists a few serious health conditions, but also allows space to indicate other serious health conditions that may not be listed. Minor health conditions that will not affect your child at school **do not** need to be listed on the form.

Please return the Nurse Alert form the day after you receive it, so the nurse can let the necessary staff know if your child has a serious health condition.

Authorization for Administration of Medication Form

Parents/guardians and physicians/healthcare providers of students who will need to take medication at school will need to complete an **Authorization for Administration of Medication Form**. The form can be found on the Lake Washington School District Web site at: www.lwsd.org, or at the school office.

Emergency Preparedness – Medical/Dietary Conditions

We request that parents/guardians of students with serious medical/dietary conditions provide medication and/or appropriate food to be kept at school in case there is an emergency that would detain them at school. All medications must be in the **original container** with a pharmacy label that matches the physician/health care provider orders. A three-day supply is requested.

If you have any questions, please contact the nurse for your child's school through the school office.

OVER

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OVER

LAKE WASHINGTON SCHOOL DISTRICT – NURSE ALERT FORM

SP 41

The parent/guardian is responsible for informing the school if a student has a serious health condition.
This information will be reviewed by a district nurse and shared with staff.

STUDENT NAME _____ BIRTH DATE _____
Last First

SCHOOL _____ TEACHER _____ GRADE _____

☐ My child has no known serious health conditions. *(No additional information is needed. Simply sign below and turn in.)*
☐ My child has the following serious health conditions that I want the school to be aware of.

SERIOUS HEALTH CONDITIONS

☐ Life threatening allergy to _____
☐ Seizure disorder _____
☐ Diabetes _____
☐ Asthma _____
☐ Behavioral health diagnosis _____
☐ Cardiac _____
☐ Activity Restrictions _____
☐ Other _____

MEDICATIONS (including inhalers and over-the-counter medications)

☐ At home only _____
☐ To be given at school* _____

CONTACT INFORMATION

Physician/Health care provider's name_____ Phone _____
Parent/Guardian e-mail address _____ Phone _____

SIGNATURE _____ **DATE** _____

*Medications given at school require an *Authorization for Administration of Medication* form available at www.lwsd.org or at school office.

OVER 6/11

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OVER 6/11