Lake Washington School District

Nurse Alert Form

Information on this form will be completed for each new school year. Please return this form as soon as possible. In order to provide a safe and healthy environment for your child, this information will be reviewed by the school nurse and shared with staff.

Student Name _____ Birth date _____

Last First Middle

School _____ Grade _____ Teacher _____

Serious Health Conditions (check box 1 or 2 below)

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 the start of school. Contact your school nurse through the school office in order to develop a health plan for your child.**

❑ **1. My child does not have any health conditions that will affect them at school.**
If this box is checked, no further information. Please sign/date at bottom and return to school.

❑ **2. My child has the following serious health condition – Check boxes below:**

- ❑ **Asthma:**
  Requires an inhaler? ❑Yes ❑No
- ❑ **Cardiac diagnosis:** _____
  Restrictions: _____
- ❑ **Diabetes** (Date of diagnosis: _____)
  - ☐ Insulin pump
  - ☐ Insulin via pen
  - ☐ Insulin via syringe
  - ☐ Independent
  - ☐ Dependent
- ❑ **Life Threatening Allergy:**
  Requires an Epipen or Auvi-Q injector? ❑Yes ❑No
  Allergens: _____
- ❑ **Seizure Disorder:** Type - _____
  Medication: _____
- ❑ **Other health condition:** _____

Medications (prescription, supplements, and over-the-counter)

All medications at school require an **Authorization for Administration of Medication form** available at www.lwsd.org or at the school office.

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

Emergency Preparedness for 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. A three-day supply is requested.

Emergency Contact Information

Parent/guardian name _____ Primary phone _____

Email address _____ Secondary phone _____

Health care provider _____ Phone number _____

Parent signature _____ **Date** _____