

Finley School District
Life Threatening Conditions

Elem. School Phone: 586-7577 Fax: 586-8239
Middle School Phone: 586-7561 Fax: 582-8452
High School Phone: 582-2158 Fax: 586-9297

Washington State law (RCW 28A.210.320) requires children with life-threatening conditions to have a completed packet of information, on file **prior to attending school.**

Under the law, a "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment plan and a nursing care plan are not in place.

Life-threatening conditions may include:

- Asthma (requires medication at home or school)
 Diabetes
 Heart Condition (considered serious by physician; physical activity limited)
 Allergic Reactions that result in **anaphylactic shock**
 Bee or Wasp Sting
 Peanut
 Other _____
 Hemophilia or other serious blood disorder
 Seizure Disorder
 Other health condition _____

If you have checked one of the above conditions, please complete and return this form to the school secretary immediately. A packet of additional health forms will be provided with instruction. It is important for you to complete this information and return it to the school office no later than 2 weeks prior to the first day of school to provide time for the nurse to complete the nurse health plan, visit with you and provide the appropriate training to school staff prior to the first day of school.

It is important that parents/guardians understand that any student with a life-threatening health condition must have a nursing health plan, treatment plan and/or medication authorization form complete and in place before your student may come to school each school year. This requirement applies to students who are new to the district, and students who are already enrolled. Our exclusion procedures are in accordance with the rules (WAC's) of the State Board of Education.

If your child develops a life-threatening condition during the year, it is vital to your child's safety that you immediately notify your child's school secretary or nurse. The necessary forms will be provided and a time will be arranged for you to meet with your child's school nurse.

Student Name _____
 Grade _____
 Address _____
 Phone _____
 Parent name _____

I have read and understand the above information.

- My child does not have a life-threatening condition
 My child has a life-threatening condition (as noted above)

Parent/Guardian: _____ Print Name: _____ Date: _____