Re: Children with Life Threating Conditions-Annual Notice

Student Name:_____.

Dear Parents/Guardians:

The purpose of this letter is to inform you of House Bill 2834 enacted in 2003 to help your child's school provide for the safety and health of children during the school day.

The Law defines life-threatening conditions as a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are in place. Children with life threatening conditions such as severe bee sting, or food allergies, severe asthma, diabetes, severe seizures, ect., are required to have a medication or treatment order and nursing care plan in place **before** they are in school. The medication or treatment order must be from the child's licensed health care provider.

If a medication or treatment order is not provided, the chief administrator if the school is required to exclude the child until such order has been provided. The requirement applies to students with life-threatening condition that are new to the district, and students who are already attending the school. Our exclusion procedures are in accordance with the rules (WAC"S) of the State Board of Education.

It is vital to your child's safety during the school day that you **immediately notify your school's principal or school nurse if your child has a life-threatening health condition that may require medical services to be preformed at school.** The necessary forms will be provided and a time will be arranged for you to meet with your child's school nurse.

Thank you for providing for the safety and health of your student at school.

Sincerely,

Robin & Siggy

Consent for Treatment & Health Services:

I hereby give my consent and authorization to Nespelem School District to obtain emergency medical treatment or to perform upon or administer the following health services for the above child:

- Emergency medical care for accidents or illness at school or while in transport.
- Administration of medication and treatments by the school nurse/ trained staff as directed by physician- including antibiotics, antihistamines.
- Transportation for medical appointments, hospital or home.
- I give Nespelem staff permission to use Neosporin-antibiotic ointment on cuts and scraps.
- Examination: Dental (SmileMobile & ToothSavers) & Vision (Eye See Clinic)
- Preventive use of fluoride varnish, sealants and cleaning for dental care.
- I want my child to receive dental exams? _____YES_____NO
- I want my child to receive vision exams? _____YES_____NO

Parent/ Guardian's Signature _____ Date: _____.