



Valley School District No. 070

3030 Huffman Road • Valley, WA 99181 • Ph: (509) 937-2791 • Fax: (509) 937-2204 • www.valleysd.org

Student Health Conditions
Life-Threatening Determination and Acknowledgement Form
Current health information is required annually.

DOES YOUR CHILD HAVE A HEALTH CONDITION REQUIRING STAFF KNOWLEDGE AND/OR ASSISTANCE?

To assist staff with the care and safety of your child while at school and school-related activities, please provide the following information and the school nurse will contact you to discuss the status of his/her health and determine if a nursing plan for medical and/or emergency care is needed.

If it is determined that your child's health condition is or could be life-threatening, a required medication and treatment plan with licensed healthcare provider instructions for his/her care must be in place before the child may attend school. (See the back of this form for additional information.)

Student Name Last First Middle Initial Birthdate m/d/y Grade

Please indicate (circle yes or no) which health conditions your child experiences. If yes, please provide additional information to assist staff in the care of your child.

- Severe Allergy..... No Yes
Diabetes No Yes
Asthma No Yes
*Does your child use an inhaler? No Yes
Heart Condition No Yes
Seizure Disorder No Yes
Other Neurological Disorder No Yes
Orthopedic (Bone/Muscle)..... No Yes
Digestive No Yes
ADD/ADHD No Yes
Vision Loss (glasses/contacts) No Yes
Hearing Loss (hearing aids) No Yes
Other Diagnosed Conditions No Yes
Takes Medication Regularly No Yes

Please describe your child's health condition:

*Will this medication need to be administered during school hours? No ____ Yes ____

(continued on back; signature required)



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Please note: If your child needs to take ANY medication (prescription and/or “over the counter”) at school, an Authorization for Administration of Medication at School form must be completed and submitted prior to any medication being brought to school or administered to the student. Please contact the school office to obtain the form and/or request copies of applicable district policies.

ACKNOWLEDGEMENT

I certify that I have truthfully and accurately represented my child’s health condition. I have read and understand the definitions of life-threatening health conditions, anaphylaxis, and my responsibilities for my child’s health care needs while he/she is at school and school related activities (below). I agree to hold Valley School District #070, its officers, administrators and staff harmless from any or all claims or damages resulting from illness or injury to my child should I fail to provide the required and necessary information, instructions or medications needed for the care of my child.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

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Definition of Life-Threatening Health Condition: Any health condition that will put the child in danger of death if a medication or a treatment order and nursing plan are not in place. (RCW 28A.210.320(4); District Policy 3413-Life-Threatening Health Conditions)

Parent Responsibilities for Students with Life-Threatening Health Conditions: In accordance with this law, prior to the first date of attendance at school of a child with a life-threatening health condition, the parent must provide a medication or treatment order addressing the life-threatening health condition. The school administrator must prohibit the further presence at the school of each child for whom a medication or treatment order has not been provided.

Definition of Allergies that May Not Yet Be Life Threatening (Anaphylaxis): Anaphylaxis means a severe allergic and life-threatening reaction that is a collection of symptoms, which may include breathing difficulties and a drop in blood pressure or shock. (RCW 28A.210.380; District Policy 3420-Anaphylaxis Prevention and Response; Policy 3419-Self-Administration of Asthma and Anaphylaxis Medications)

(Note: Allergic reactions which do not yet cause anaphylaxis CAN do so with repeated exposure.)

Parent Responsibilities for Students with Anaphylaxis: Cooperate with school personnel to develop a treatment plan and provide the school with medication or a treatment order addressing the anaphylactic condition.

Medication at School: Under certain conditions, school personnel may provide for the administration of medication to students if there exists a valid health reason which makes administration of medication advisable during the hours when school is in session or under the supervision of the school district. (RCW 28A.210.260; District Policy 3416-Medication at School) An Authorization for Administration of Medication at School form must be completed and submitted prior to any medication (prescription and/or “over the counter”) being brought to school or administered to the student.