

**IMPORTANT NOTICE TO PARENTS/PERSONS IN PARENTAL RELATION  
OF STUDENTS WITH  
LIFE-THREATENING HEALTH CONDITIONS**

**Definition of life-threatening health condition:** A condition, including a known allergy, that will put the child in danger of death during the school day if a medication or treatment order is not in place (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc.).

**If your child has a life-threatening health condition please immediately contact the School Health Office/School Office for a “Life-threatening Health Condition Packet” which includes the following:**

- Student Emergency Care Plan for the student’s specific health condition;
- Authorization for Administration of Medication in School;
- Self-Medication Release Form.

**The appropriate forms and any additional information you or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse as soon as possible.**

**Reminder:**

*It is the parent/person in parental relation's responsibility to alert other school programs that their child has a health condition and/or a care plan in place.*

*Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the School Office.*

If you have any questions or concerns, please contact the Principal or the School Nurse assigned to your child’s school.

Thank you for your assistance in helping us to provide a safe school experience for your child.

*This form should be given to all parents/persons in parental relation at the time of registration or when school staff is notified that a student has a life-threatening health condition.*