

WASHINGTON UNIFIED SCHOOL DISTRICT – NURSE ALERT FORM

The parent/guardian is responsible for informing the school if a student has a serious health condition.
This information will be reviewed by a district nurse and shared with staff as needed.

STUDENT NAME: _____ BIRTH DATE: _____
SCHOOL: _____ TEACHER: _____ GRADE: _____

- My child has no known serious health conditions. (No additional information is needed: simply sign below and turn in)
- My child has the following serious health conditions that I want the school to be aware of.

SERIOUS HEALTH CONDITIONS

- | | |
|--|--|
| <input type="checkbox"/> Life Threatening Allergy to _____ | <input type="checkbox"/> Behavioral Health Diagnosis _____ |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Cardiac Problem _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asthma | |

MEDICATIONS:

At home only: _____ For (diagnosis) _____
To be given at school: _____ For (diagnosis) _____

CONTACT INFORMATION:

Parent/Guardian daytime phone _____ email address _____

SIGNATURE: _____ DATE: _____

*Medications given at school require an *Authorization of Medication* form available at <http://www.wusd.k12.ca.us/> or at school office.

NURSE ALERT FORM WASHINGTON UNIFIED SCHOOL DISTRICT

Instructions for Completing the Nurse Alert Form

The Nurse Alert Form on the other side of this card allows district nurses to gather information on students with serious health conditions. This card lists a few serious health conditions but also allows space to indicate other serious health conditions that may not be listed. Minor health conditions that will not affect your child at school **do not** need to be listed on the form.

Please return the Nurse Alert card to your child's teacher the day after you receive it or during the first week of school so the nurse can let the necessary staff know if your child has a serious health condition.

Authorization for Administration of Medication Form

Parents/guardians and physicians/healthcare providers of students who will need to take medication at school will need to complete an **Authorization for Administration of Medication Form**. This form can be found on the Washington Unified School District Web Site at <http://www.wusd.k12.ca.us/> or at the school office.

If your child has a serious health condition, the school nurse will work with you to develop an Individual Health Care Plan. Forms for some serious health conditions can be found on our District Web Site at <http://www.wusd.k12.ca.us/> or can be obtained from your school nurse.