

# HIGHLAND SCHOOL DISTRICT 203 EMERGENCY CARE PLAN RENEWAL

Today's Date: \_\_\_\_\_

School Year: 2023-2024

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Emergency Care Information for:     Asthma     Diabetes     Seizures     Heart

Severe allergy (with EpiPen) to: \_\_\_\_\_

Prescribing Doctor's Name: \_\_\_\_\_

Prescribing Doctor's Office: \_\_\_\_\_

Prescribing Doctor's Contact Number: \_\_\_\_\_

Dear Parent or Guardian:

Washington State Law (RCW 28A.210.320) and District Policy require schools to have an emergency care plan for every child who has a life-threatening condition. This allows the school to be prepared to help your child if there is an emergency due to their medical condition. If a student has asthma or a severe allergy which requires emergency medicine, such as an inhaler or EpiPen, an emergency care plan must be completed. Other examples of life-threatening conditions that require an emergency care plan are diabetes, seizures, or heart conditions.

Emergency care plan information must be updated **every year before** your student can begin classes in the fall. The *Medical Authorization for Medication, Asthma, or Severe Allergy Management at School* form(s) must be signed by **both** the parent/legal guardian and the prescribing health care provider and medicine must be in place for the first day of school. If your child is trained by their health care provider to self-administer their emergency medication, then an *Agreement for Self-Administration of Asthma and Anaphylaxis Medication at School* must be signed by the parent and student (if aged 18+), the principal, and the school nurse **and** the *Medical Authorization for Medication, Asthma, or Severe Allergy Management at School* form(s) **and** an emergency care plan are **still required** even if the student self-carries.

If your child is not in compliance, **they will be excluded from school until the emergency care plan, medication, and medication authorization is in place.** It is strongly encouraged for students who carry inhalers and/or EpiPens to provide a backup set to be kept in the office. In addition, students who participate in sports will need to either carry their Epi-Pens or inhalers or provide a spare for the coach to carry.

If possible, complete the medication authorization and emergency care plan forms as soon as possible and turn them in **before the end of the current school year.** However, we do not accept medication(s) until the first week before school.

If your child **no longer needs** emergency medication at school, you and your provider need to complete the *Authorization to Discontinue Medication at School*, included in this packet, and return the form to school before the first school day.

Please contact your school nurse for any questions. Thank you.

Highland School Nurse: (509) 679-8904 or (509) 678-8849

Please see ***Instructions for Forms*** on the next page for further details.

# INSTRUCTIONS FOR FORMS

Note: All forms are available in Spanish, but many health offices only accept signatures on forms in English, such as the Consent for Exchange of Confidential Information.

## **Authorization for Mutual Exchange of Confidential Information**

This allows the school district to exchange medical information with your student's health care provider if needed to clarify care plans and emergency action plans. Please note: if your student is a patient of **Seattle Children's**, they will not accept this form. They will only accept their form found on their website, which is updated often and they do not accept old versions of. **Please visit their website for this form.**

- <https://www.seattlechildrens.org/clinics/health-info-management/>

## **Parental Consent to Share Student Health Information with School District Staff**

This form allows the school nurse to give information about your child's health condition to other school district staff on a "need to know" basis to ensure their safety while at school, especially when the school nurse is unavailable. Please fill out this form in its entirety and return to the school nurse or office staff.

## **Medical Authorization to Discontinue Medication at School**

Please complete this form **only if** your student no longer needs medication or emergency care at school. Must be signed by **both** parent/legal guardian and health care provider.

## **Medical Authorization for Medication, Asthma, or Severe Allergy Management at School**

This form(s) is required for your child to take or self-carry any medication at school, including asthma inhalers and over-the-counter medication. Must be signed by **both** parent/legal guardian and health care provider. **Only one medication per form.** Please note: if your student is a patient of **Seattle Children's**, they may have their own electronically signed medication order. Parents will still need to sign Highland's form giving the school nurse and staff permission to administer medication at school.

## **Time to be Given:**

Medication orders for regular, non-emergency/scheduled medications require a specific "time to be given" and cannot read: "AM/PM, morning/afternoon hours, lunchtime," etc. If it is a medication that needs to be given during lunch hours (with meals), please contact the specific building your student attends and ask secretarial staff the time for lunch as it varies per building, grade, and sometimes day of the week. An acceptable format for this is as follows:

Time to be given: During Lunch Hours or With Meals between 11AM-2PM.

## **Health History Forms**

Please fill out to the best of your knowledge to help the school nurse create a comprehensive emergency/individualized health care plan for your student (no two people with asthma are the same!).

## **Medication Administration Agreement for Early Dismissal**

For generic, non-emergency/scheduled medications at school, please indicate whether you want your student to receive their medication before leaving the school. Please note: if the time the medication is ordered to be given is after dismissal time, medication cannot be administered more than 30 minutes before or after the ordered time. Also, students may or may not have lunch at school on early release days.

## **Request for Special Dietary Accommodations**

This form must be filled out each year if your student has a food allergy or intolerance. Please have this form filled and signed by your student's Primary Health Care Provider and turned in to the school prior to the first day of school.

**Final Forms:** Please update Final Forms with current information each year at least two weeks prior to school start.

## **Highland School District 203 Phone & Fax numbers:**

High School/Middle School	Phone: (509) 678-8800	Fax: (509) 678-4140
Tieton Elementary School	Phone: (509) 678-8700	Fax: (509) 673-2771
Marcus Whitman Elementary	Phone: (509) 678-8900	Fax: (509) 678-5494