

**HIGHLAND SCHOOL DISTRICT
EMERGENCY CARE PLAN RENEWAL**

Date: _____ School Year: 2022/2023 School/Grade: _____
Student Name: _____ Date of Birth: _____
Emergency Care Information for: Asthma () Diabetes () Seizures ()
Severe allergy to: _____ Other _____

Dear Parent or Guardian:

Washington State Law (RCW 28A.210.320) and District Policy 3415 require that schools must 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 his or her 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 *Permission to Administer Medication at School* form must be signed by your health care provider and medicine must be in place for the first day of school. 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 epi-pens that a backup set be provided for 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 school year. However, we do not accept medication until the first week before school.

If your child no longer needs emergency medication, you and your provider need to complete the Authorization to Discontinue Medication, 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.

**Scott Podruzny RN
Highland School District
509-678-8904 spodruzny@highland.wednet.edu**

**Trisha Roy LPN
Highland School District
509-678-8704, troy@highland.wednet.edu**

INSTRUCTIONS FOR FORMS

Authorization to Discontinue Medication: Please complete this form *only if* your student no longer needs medication or emergency care at school. Top portion to be completed by parent, lower portion to be completed and signed by your student's health care provider.

Permission to Administer Medication at School (Medical Authorization for Asthma/Allergy): This form is *required* for your child to take or carry any medication at school, including asthma inhalers and over-the-counter medication. Top portion to be completed by parent, lower portion to be completed and signed by your student's health care provider. This form can be faxed to your student's school at the appropriate number listed below.

Asthma/Allergy/Seizure/Cardiac Information for School: Please fill out form and return to school nurse.

Authorization for exchange of Medical Information (front of 2-sided): This form allows us to exchange medical information with your student's Health Care Provider if needed. Under section 1, please provide your MD's name and address.

Parental Consent to Share Health Information with School District Staff (back of 2-sided): This form allows us to give information about your child's health condition to school district staff that need to know. Please sign this on the appropriate line.

OSPI School Meal Programs form: (2 sided for students with and without disabilities) This form must be filled out each year if your student has a food allergy or intolerance. Please have this form filled out by you Primary Health Care Provider and turned in prior to the first day of school.

Final Forms: Please update Final forms with current information each year at least a week prior to school start.

Highland School District Fax numbers:

Highland School District office	678-4177
Highschool / Junior High	678-4140
Tieton Intermediate	678-2771
Marcus Whitman	678-5494