

**STUDENT HEALTH CONDITIONS UPDATE**

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

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Dear Parent/Guardian:

Our records indicate your child has the following health condition(s):  
\_\_\_\_\_

Please check the appropriate box and add information as necessary for your child:

- ☐ The health condition(s) listed above remains the same.
- ☐ Please make the following changes or add any recent developments: \_\_\_\_\_  
\_\_\_\_\_
- ☐ My child no longer has the following health condition(s): \_\_\_\_\_  
Please remove this condition(s) from your records.
- ☐ **If this box is checked, the above health condition(s) may be life-threatening.**

The law defines a life-threatening condition as a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place (such as severe insect sting or food allergies, severe asthma, diabetes, severe seizures, etc.). This law and Evergreen School Board policy **requires exclusion from school until all necessary documents, medication(s), and/or equipment are provided to your child's school.**

**To help determine if your child has a life-threatening health condition,  
please submit the following information:**

- ☐ Allergy Information   ☐ Asthma Information   ☐ Seizure Information   ☐ Diabetes Orders from Doctor
- ☐ Orders from Doctor for other life-threatening conditions (examples: Seizures, Cardiac, or Kidney)
- ☐ Please complete the Authorization for Administration of Medication at School form **if your child requires medication during the school day. This includes over-the-counter medication.**

**Please check the box below to get more information:**

- ☐ I would like to talk to a nurse more about my options regarding a Section 504 plan for my child.

\_\_\_\_\_  
School Nurse\_\_\_\_\_  
Email:\_\_\_\_\_  
Fax #

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please make sure you provide the school with updated contact and emergency numbers.***