

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

Definition of a 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, asthma, diabetes, seizure disorder, etc.)

If your child has a **MEDICALLY DOCUMENTED**, life-threatening health condition, 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. Please *immediately* contact the School Nurse at the Health Office for:

- ***Student Emergency Care Plan*** for the student's specific health condition. This plan must be signed by the parent and physician
- ***Authorization for Administration of Medication in School*** form which must include physician's orders
- ***Self-Medication Release Form***

Reminder:

It is the parent's/person in parental relation's responsibility to alert other school programs (such as Latch Key, Cafeteria, classroom teacher etc.) that their child has a health condition and/or a care plan in place.

Please immediately report any changes needed in emergency contact information, medication, health status, etc. to the School Health Office. Keeping your child's information up to date is necessary in the event of a medical emergency.

The following is a list of Salmon River Health Office contact numbers:
Salmon River High School and Middle School, Gisele Hance: 358-6625
Salmon River Elementary, Melanie Cunningham: 358-6673
St. Regis Mohawk School, Tanya Lockwood: 358-2763

If you have any questions or concerns, please contact the School Nurse assigned to your child's school. Thank you for your assistance in helping us provide a safe school experience for your child.

I acknowledge receipt of this form and that I have read and understand my responsibility to notify the School of any life-threatening health conditions for my child.

My child does not have a life-threatening health condition

Parent signature _____ Date _____

Nurse's signature _____ Date _____