

Life-Threatening Health Conditions

Date: _____

Dear Parent or Guardian:

If your student has a life-threatening health condition of which the school should be aware, we recommend that you obtain a medication and/or treatment plan from your healthcare provider and make it available to the school as soon as possible. This will enable the school to ensure a safe environment for your child.

Parent/Guardian: Please complete the section below and return the form as soon as possible.

Name of Student: _____

Please indicate any health conditions below:

_____ asthma

_____ food allergy: _____

_____ health-related dietary restriction: _____

_____ other allergy: _____

_____ diabetes

_____ other: _____

Please remember to attach a medication and/or treatment plan from your healthcare provider when returning this form.

You may visit [Department of Health](#) for more information about state policies and procedures for schools.

Signature of Parent/Guardian: _____ Printed

name of parent/guardian _____

Address (street, city, state, zip): _____

Email Address: _____

Telephone: _____

危及生命的健康状况

日期:

尊敬的家长/监护人:

如果您的孩子有学校应该知道、可能危及生命的健康状况，我们建议您从医疗保健提供方处获取药物和/或治疗计划，并尽快提供给学校。以便让学校确保为您的孩子提供安全的环境。

家长/监护人：请填写以下部分，并尽快返回表格。

学生姓名:

请勾选并补充以下健康问题:

哮喘

食物过敏:

与健康相关的饮食限制:

其他过敏问题:

糖尿病

其他健康状况:

请记住：返回此表格时，您需要附上医疗保健提供方提供的药物和/或治疗计划。

您可以访问[卫生署](#)，了解更多有关国家政策和学校流程的信息。

家长/监护人签字:

家长/监护人的打印姓名:

地址（邮编、州、城市、街道）:

电子邮箱:

电话: