

Students With Life-Threatening Health Conditions

The Silver Academy | 3301 North Front Street, Harrisburg PA 17110 | 717.238.8775

Dear Parent or Guardian:

Your child's safety and well-being at school is a priority. We recommend that parents of children who have a life-threatening health condition obtain a medication or treatment plan signed by a licensed health care provider and provide it to the school each year. Please make plans to schedule an appointment with your child's physician or health care provider as soon as possible to obtain a signed medication or treatment plan. Provide a copy of the plan to the following person. Please call if you have any questions.

Parent/Guardian: Please complete the section below and return the form immediately.

Name of Student: _____

Date: _____

Name of Parent: _____

Please complete and return this form for each child who has a serious or life-threatening condition that may put him/her in danger that may require medical services to be performed at school if a medication or treatment plan is not in place.

_____ severe asthma

_____ food allergies (please list): _____

_____ bee sting allergy

_____ unstable diabetes

_____ seizures

_____ other: _____

_____ other: _____

_____ I have attached a medication or treatment plan.

_____ I will provide a medication or treatment plan by the following date: _____

Signature of Parent/Guardian: _____

Address (C/S/Z): _____

Email Address: _____

Telephone: _____