

Shoreline School District
Meridian Park School
17077 Meridian Avenue North
Shoreline, Washington 98133

2006-07 School Year
ATTENTION: Donna Allred, RN
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**TREATMENT ORDER FORM: LIFE-THREATENING CONDITION
LICENSED HEALTH PROVIDER [LHP] ORDERS**

Student name _____ Gender _____ Birth date _____
School _____ Teacher _____ Grade _____
Emergency number contacts for parents:
Home phone _____ Mom: Cell _____ Work _____ Pager _____
Dad: Cell _____ Work _____ Pager _____
Name of LHP [print or type] _____ LHP phone _____
LHP Fax _____

This student has _____

SIGNS OF CONCERN FOR THIS POTENTIALLY LIFE-THREATENING CONDITION INCLUDE:

Respiratory: _____
Gastrointestinal: _____
Skin: _____
Cardiovascular: _____
Throat: _____
Mouth: _____
Other, if applicable: _____

LICENSED HEALTH PROFESSIONAL ORDERS AND SPECIAL INSTRUCTIONS**
This portion to be completed by LHP prescribing within the scope of his/her prescriptive authority.
Please prioritize the following steps:

Step #	_____
Step #	If the student exhibits any of the above symptoms, do the following: _____ _____
Step #	Call 911 if: _____ _____ _____
Step #	Other: _____ _____ _____

Expiration/review date [if needed prior to next school year] _____

**** These orders *must be* renewed annually, prior to the beginning of each school year.**

Date of signature
Treatment Order: Life-threatening Condition
3/17/03 kj OSPI Bulletin No. 61-02

Licensed Health Professional signature