

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: _____

Hali za Kiafya Zinazohatarisha Maisha

Tarehe:

Mzazi au Mlezi Mpendwa:

Iwapo mwanafunzi wako ana hali ya kiafya inayohatarisha maisha ambayo shule inapaswa kujua, tunapendekeza kwamba upate dawa na/au mpango wa matibabu kutoka kwa mhudumu wako wa afya na upekele shuleni kwa haraka iwezekanavyo. Hii itawezesha shule kuhakikisha mazingira salama kwa mtoto wako.

Mzazi/Mlezi: Tafadhali jaza sehemu iliyo hapa chini na urejeshe fomu kwa haraka iwezekanavyo.

Jina la Mwanafunzi:

Tafadhali onyesha hali zozote za kiafya hapa chini:

pumu

mzio wa chakula:

kizuizi cha chakula kinachohusiana na afya:

mzio mwingine:

ugonjwa wa kisukari

nyingine:

Tafadhali kumbuka kuambatanisha dawa na/au mpango wa matibabu kutoka kwa mtoa huduma wako wa afya unaporejesha fomu hii.

Unaweza kutembelea [Idara ya Afya](#) kupata maelezo zaidi kuhusu sera za serikali na taratibu za shule.

Saini ya Mzazi/Mlezi:

Jina

lililoandikwa la mzazi/

Anwani (mtaa, jiji, jimbo,
msimbo):

Anwani ya Barua pepe:

Simu: