

Seton Catholic Central  
Binghamton, New York

**LIFE-THREATENING HEALTH CONDITIONS**

To the Parent/Guardian of \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Seton Catholic Central requires that the necessary orders, medications, equipment, and nursing care plans / emergency care plans must be in place before students with ***life-threatening conditions may attend*** school.

A "Life-Threatening Health Condition" is a condition, including a known allergy, which will put the child in danger of death during the school day if a medication or treatment order is not in place.

Does your child have any of the following life-threatening conditions?

	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>Type/Reaction</u></b>	<b><u>Medication</u></b>
Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bee Sting or Insect	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Latex	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR REGISTRATION PACKET**

Student's Name: \_\_\_\_\_

Current Health Care Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Phone Number of Provider: \_\_\_\_\_

Important medication information and medication taken every day: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_