

Hello Timberwolf Families.

I am happy to start planning for the return of your student to in-person learning. All returning students must have a current Annual Health History. If your student has medications at school or any health condition, please complete the appropriate forms below. All questionnaires, medication orders, and clinical care plans are due by Wednesday, April 14<sup>th</sup> they can be emailed to [jsanders@everettsd.org](mailto:jsanders@everettsd.org), faxed to 425-385-7044 or 425-385-7077, dropped off with front office staff on school days 7:00 a.m. – 1:30 p.m., or mailed Jackson High School (1508 136th Street SE, Mill Creek, WA, 98012).

**All students** need to have a completed [2020-21 Annual Health History](#)

**Students with asthma** must complete an [asthma questionnaire](#). If you use an inhaler, please have your health provider complete a [Medication Authorization form](#). Parent/guardian must sign the form, as well as the student if the student self-carries their inhaler.

**Students with allergies AND epinephrine** must complete an [allergy questionnaire](#). Please have your health provider complete a [Medication Authorization order for life threatening allergy](#)

**Students with diabetes** please contact your endocrinology team at Seattle Children's and have them send me a copy of your Diabetes Care Plan.

**Students with seizures** please complete a [seizure questionnaire](#). If you see a neurologist at Seattle Children's, please contact them and request a Neurology Care Plan.

**Students who require medication administration during the school day** must have their health provider complete a [Medication Authorization form](#). Parent/guardian must sign the form. Please contact Christelle Perman-Marshall and make arrangements to drop off the medication.

**Students who wish to request to carry over-the-counter medication during the school day** must have their health provider complete a [Medication Authorization form](#). Parent/guardian must sign the form. The student must also sign the form. Once approved by me, the student can only carry a one (1) day supply of medication. The medication must be in the original bottle for easy identification, and the medication must never be shared with anyone.

**Students with other medical conditions.** If possible, please provide updated health information (clinic notes, notes on the Annual Health History) so that your student's health plan can be updated.

Please let me know if you have any questions.

I am looking forward to welcoming your student back!



**Joan Sanders**

**Registered Nurse**

Student Support Services

[jsanders@everettsd.org](mailto:jsanders@everettsd.org)

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