

Date _____

**LIFE THREATENING CONDITIONS NONCOMPLIANCE ORDER OF EMERGENCY EXPULSION
FROM SCHOOL**

To the Parent/Guardian of

Student's name

You are hereby notified that your child (named above) is prohibited from attending school until you establish that she/he is in compliance with Washington State Senate House Bill 2834, Children with Life-Threatening Conditions that took effect June 13, 2002. Your child's Emergency Expulsion from school is effective immediately upon your receipt of this notice. In order for your child to continue attending school, you must submit:

1. A medication or treatment order submitted and signed by your Licensed Health Care Provider and orders must be written within the scope of his/her license.
2. An Individual Health Care Plan must be developed by the School Nurse to implement the orders.

You are further advised that you have the right to appeal or contest the decision to exclude your child from school. To appeal this decision, you must provide the designated school district employee with a:

1. Written or oral request for a hearing no later than the tenth school business day following the date of your receipt of this notice.
2. The hearing shall be consistent with the hearings for disciplinary procedures under WAC Chapter 180-40
3. The student shall be excluded until the hearing officer makes a decision or until a medication or treatment order is provided

Sincerely,

Nurse _____ Phone Number _____

Principal _____ Phone Number _____

School _____ Phone Number _____

Address _____

Formerly Policy #3420 F1