



14015 62nd Avenue NW Gig Harbor, WA 98332
253 530.1000 253 530.1010 fax www.psd401.net

Date: _____

To the Parent/Guardian of _____ :

You are hereby notified that your child is prohibited from attending school until you establish that she/he is in compliance with Washington State law regarding children with life-threatening health conditions attending public school, RCW 28A.210.320 (copy enclosed). Your child's emergency expulsion from school is effective immediately upon receipt of this notice. In order for your child to continue attending school, you must submit a medication or treatment order from a licensed health care practitioner addressing your child's life-threatening health condition of _____ .

You are further advised that you have the right to appeal or contest the decision to exclude your child from school according to WAC 392-400-300 and WAC 392-400-305 (copies enclosed). To appeal this decision, you must provide the school principal or her/his office with an oral or written request for a hearing within ten school business days (when the District is open for business) following the date of your receipt of this notice. If you request a hearing, the only issue to be decided will be if your child meets legal requirements for addressing any life-threatening health condition(s).

All needed forms are enclosed. Please call the school at once for additional information and assistance.

Sincerely,

Principal

Name of School: _____

Address: _____

Business phone: _____

Business hours: _____

Enclosures