

Student Name: _____

CONFIDENTIAL

Teacher: _____

Grade: _____

HEALTH INFORMATION

Does your child have any health problems (ex. Asthma, Diabetes, ADHD, Heart Condition, Seizures, Depression, Handicaps, etc.)? _____

Is your child taking any medication at home? _____ If yes, what medication(s)? _____

Will your child be taking any medication at school? _____ If yes, please complete and sign a Medication Authorization form (available on the web site) or call the School Nurse at 763-497-6520.

Does your child require any special healthcare procedures? _____ If so, please list _____

If these need to be administered at school, please call the School Nurse at 763-497-6520.

Does your child have any allergies? _____ If yes, **non-food** allergies: _____

Food Intolerances: _____

Food Allergies: _____

Has an Epi Pen been prescribed for your child's allergy? _____

If your child has a food allergy that is life threatening / requires an Epi pen, you must call Food Services at 763-497-3180 prior to your child eating school meals (breakfast and/or lunch).

Has your child been hospitalized, had any operations, and/or had any serious injuries in the past year? _____
If yes, please list the date(s) and reason(s)/injuries _____

This health information will be shared with your child's teacher and other school personnel and bus driver as appropriate, unless you inform us otherwise.

In case of serious accident or illness and I cannot be reached, I authorize

Dr. _____ Phone _____ Clinic Name/Location _____

to give necessary treatment. The school may call them or an ambulance if necessary.

Hospital Preference _____

I give the School Nurse permission to contact the above named Dr. should the need arise. Yes No

The welfare of your child is our first consideration. Unless your child has an Emergency Care Plan in place or you indicate otherwise, this procedure will be followed in case of serious medical emergency:

1. 911 will be called immediately. You will be informed as soon as possible.
2. A copy of this Emergency Form will be given to the ambulance attendant.
3. The school will call the authorized physician, if you cannot be reached.
4. If you or your physician cannot be reached, the school will make arrangements as necessary.

Any other general concerns, health concerns or considerations not listed on this page that you feel the School District should be aware of: _____

Parent or Guardian Signature _____

Date _____

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Anaphylaxis Treatment Notification to Parents

Minnesota statute 121A.2207 permits school districts to possess epinephrine auto-injectors (EpiPens) for a student or other individual experiencing anaphylaxis regardless of whether the student or individual has a prescription for an EpiPen. Therefore, St. Michael-Albertville School District has adopted a policy allowing the school nurse or health paraprofessional to administer epinephrine for a severe, life-threatening allergic reaction. The emergency epinephrine will be kept in the school health office and accessible during school hours. It will **not** be sent on school-based field trips or available before or after the instructional day. This anaphylaxis protocol is not intended to replace student specific orders or parent/guardian provided individual medications for students with known allergies.

If your child has a known allergy and has an EpiPen prescribed for him/her, you still need to provide the health office one or preferably 2 EpiPens with a pharmacy label. Medication authorization forms or an Anaphylaxis Action Plan signed by you and your child's physician are required annually for your child's specific orders. The child-specific EpiPens will be sent on school-based field trips.

Anaphylaxis is a rapid, life-threatening allergic response triggered by insect stings, foods, medications, latex, exercise, or in rare cases by unknown causes. Anaphylaxis is a life-threatening allergic condition requiring immediate treatment; death has been reported within minutes. It is well documented that it is safer to administer epinephrine than to delay treatment for anaphylaxis. The epinephrine auto-injector rapidly delivers a pre-measured, single dose of epinephrine by direct injection through the skin. If your son/daughter has a life-threatening allergic reaction at school requiring EpiPen administration, Emergency Medical Services, parents, and the school nurse (if administered by the health paraprofessional) will be called immediately.

If you do not want your child to receive a life-saving injection of epinephrine if he/she is experiencing a life-threatening allergic reaction, please send a letter to the school health office. Otherwise, parental consent is implied for all students. If your child has a heart condition, please talk with his/her health care provider about the safety of administration of epinephrine in the event of a life-threatening anaphylaxis and contact the school health office.

Please sign after reviewing this notification:_____

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