



Michelle Hanson, BSN-RN, LSN, PHN
District Health Coordinator
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Dear Parent/Guardian,

We are planning for the new school year and are aware that your child has had a significant health diagnosis in the past. To ensure that we have the most accurate information to care for your child, information needs to be **updated annually**. We welcome an opportunity to meet with you and to further discuss your child's diagnosis and how we can best implement a personalized school health management plan.

This is regarding my child, _____.

My child's health problem, _____, is no longer a concern.
Please sign here and return to your child's school. No additional forms needed.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

My child's health problem continues to be a concern.
Please fill out the Health Management Care Plan and return to your child's school.

1. Complete the Health Management Care Plan signed by your physician and a parent/guardian. Please list specific needs/steps to follow when child's medical condition presents. Return to Health Services office as soon as possible, whether your child needs medication at school or not.
2. If medication(s) are required, they should be brought to Health Services by a parent in a current-labeled container provided by your pharmacy.

For questions, contact the Health Assistant at your child's school, or myself at 763-262-5125. We would appreciate this information to be sent back to the school as soon as possible. Thank you!

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