



Student _____ Teacher/Grade _____ Birth Date _____

Please indicate if your student has any of the following health conditions:

- Asthma ADHD Allergies/Intolerances Diabetes Anxiety/Depression Disabilities
 Menstruation Seizure disorder Heart Condition Other _____

If checked any boxes above, please explain: _____

If your child has any dietary restrictions, you must call Food Services at 763-497-3180 prior to eating school meals

Takes medication/emergency medication at home? Yes No If checked yes, please list medication, dosage, frequency, route, and time of day: _____

Will take or keep medication at school? Yes No If checked yes, please list medications and fill out Medication Authorization form that can be found on the district website. _____

Will student require any special healthcare procedures (tube feeding, hygiene, etc.)? Yes No
 If yes, please explain: (A separate meeting may need to be set up with the school nurse) _____

Has student been hospitalized, had any operations, and/or had any serious injuries in the past year?
 Yes No If yes, please explain: _____

Any other concerns or activity restrictions not listed above that you feel the School District should be aware of?: _____

In case of a serious accident or illness and I cannot be reached, I authorize my student's health care provider to give necessary treatment. The school may call them or an ambulance if necessary.

Provider _____ Clinic _____ Phone _____

Hospital Preference _____

I give the School Nurse permission to contact the above-named Healthcare Provider should the need arise
 Yes No

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

1. 911 will be called immediately
2. A copy of this Emergency form will be given to the ambulance attendant
3. Parents/guardians will be called, authorized provider will be called if you cannot be reached
4. If you or authorized provider cannot be reached, the school will make arrangements as necessary

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Anaphylaxis Treatment Notification to Parents

Minnesota statute 121A.2207 permits school districts to possess epinephrine auto-injectors (EpiPen) 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 severe, life-threatening allergic reactions. 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 student has a known allergy and has an EpiPen prescribed for him/her, you still need to provide the health office one or preferably two EpiPen with a pharmacy label. Medication authorization forms or an Anaphylaxis Action Plan signed by you and your student's physician are required annually for your student's specific orders. The student-specific EpiPen 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 student has a life-threatening allergic reaction at school requiring EpiPen administration, Emergency Medical Services, parents, and the school nurse (if administered by a health paraprofessional) will be called immediately.

If you do not want your student 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 student 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: _____ Date: _____

Please return form to your student's health office via mail, email (can be found on website), or dropped off:

Albertville Primary, 5386 Main Ave NE, Albertville, MN 5530	Phone: 763-497-2688
Big Woods Elementary, 13470 Frankfort Pkwy NE, St. Michael, MN 55376	Phone: 763-497-8025
Fieldstone Elementary, 5255 Jansen Ave NE, St. Michael, MN 55376	Phone: 763-497-0904
Middle School East, 4862 Naber Ave NE, St. Michael, MN 55376	Phone: 763-497-2655
Middle School West, 11343 50 th St NE, Albertville, MN 55301	Phone: 763-497-4524
St. Michael-Albertville High School, 5800 Jamison Ave NE, St. Michael, MN 55376	Phone: 763-497-2192
St. Michael Elementary, 101 Central Ave W, St. Michael, MN 55376	Phone: 763-497-4882