



MEDICAL INFORMATION FORM

Student's Name _____ Grade: _____

Physician Diagnosed Health Conditions and Allergies:

Please complete and the answer(s) below pertinent to your child:

Food Allergy to: _____ Food Sensitivity to: _____
Symptoms of reaction: _____ Date of last reaction _____
Treatment: Epi pen Benadryl No Medication Avoidance

****Contact Chartwells Food Service to discuss your child's dietary restrictions at 651-463-5025.**

Asthma: Exercise-induced Seasonal Persistent

Neb/Inhaler: Self-carry (for grades 6-12 only) Inhaler kept in health office
(Permission form required to self-carry. See www.farmington.k12.mn.us under Services – Health Services – Medication Administration and Required Forms.)

Seizures: Date of last seizure/history _____

Daily Med: _____ Emergency Med _____

Medication:

Daily Medication: _____ Taken for: _____

Daily Medication: _____ Taken for: _____

Daily Medication: _____ Taken for: _____

***Parent and doctor permission is required annually for health staff to administer medication at school (including over-the-counter medications.) Over-the-counter medicine, such as Cough Drops, Tums, Tylenol, Ibuprofen, etc., is not available at school for students and must be provided by parents along with the medical permission form.**

Permission forms for prescription and over-the-counter medications are available online at the www.farmington.k12.mn.us under Services – Health Services – Medication Administration and Required Forms.

Emergency Procedure:

If your child becomes ill or injured, school staff will attempt to call the parent/guardian. If school staff is not able to reach a parent, the emergency contact phone numbers given to the school will be called. If your child has a serious injury or illness, 911 will be called if necessary. To ensure the health and safety of your child, this information may be shared with school district or emergency personnel. Please contact the Health Services Coordinator, Sayra Maberry, RN, LSN, with any questions at 651-460-1965.

Parent (Printed) Name Parent Signature Date