HEALTH AND EMERGENCY FORM

Office Only:
School Year in effect:
20__ __ /20__ __

Student Name

Student Information

Grade | Gender | Birthdate | Teacher

Parent/Guardian

(Primary residence/custodial parent)

Check for unlisted phone number

Name | Relationship
Address | City/State/Zip
Home Phone | Work Phone
Cell Phone | Other Phone
E-Mail #1 | E-Mail #2

Parent/Guardian

Check for unlisted phone number

Name | Relationship
Address | City/State/Zip
Home Phone | Work Phone
Cell Phone | Other Phone
E-Mail #1 | E-Mail #2

Emergency Contact (other than parent/guardian - parents will be notified first for illness/emergency)

First Contact | Second Contact
Relationship | Relationship
City | City
Phone | Phone

PLEASE NOTIFY THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR

School Health Services Notification

Parent/Guardians: The following is a one time notification that will follow your student while enrolled in BHM Schools. Please sign your acknowledgement below.

The BHM School District Medication Policy requires a licensed prescriber signature for all prescription medication and a parent/guardian signature on all medications given during school hours. All medication permission forms, Allergy Action Plans, Asthma Action Plans, Diabetes Orders, Seizure Action plans and Treatment Plans (Enteral feeding orders, Catheterization orders, Ostomy care orders etc) MUST be provided by the student's parent/guardian to the health office annually and are only active until 1 year after the date it was originally signed (unless otherwise indicated by provider).

Signature
Parent/Guardian

Date

PLEASE COMPLETE BOTH SIDES

HEALTH INFORMATION

Student Name

****Please note: It is the parent's responsibility to alert the bus company of any health concerns the student may have.****

Privacy statement: In accordance with the Minnesota Government Data Privacy Act, the information you provide *may* be shared with district staff involved with your child based on an educational need. Any information shared with others cannot be done so without your permission. School personnel are mandated reporters for suspected child abuse/neglect as well as suspected excessive/habitual use of illegal drugs by a parent or guardian. You have the right to withhold health information however, in doing so the school may not be able to provide the safest environment for your child.

Does Your Child Have: **Please check ALL that apply**

Asthma
- I have completed an asthma action plan for this school year.
- I need an asthma action plan for my student for this school year.

Inhalers
- Kept in health office.
- Kept with student.

An Action Plan must be completed annually.

Allergies

List

Treatment

Emergency Medications? Y N

Antihistamine (e.g. Benadryl, Zyrtec) Epinephrine Auto Injector (e.g. Epi Pen, AuviQ)

If a student uses emergency medications, an Allergy Action Plan must be completed annually.

*****If accommodations are needed for school meals (e.g. allergy to certain foods, lactose intolerant, gluten sensitivity), parent MUST contact nutrition services at 763-682-8477 or email khinrich@bhmschools.org*****

ADD/ADHD

Medications

Given: At Home At School

Bleeding Disorders (ie: ITP, hemophilia)

Describe

Cancer Type

Diabetes

Type I Treatment

Type II Treatment

Please complete a Diabetes School Management and Emergency Plan annually.

Headaches **Migraine** **Non Migraine (greater than 4 a month)**

Medications as needed

Family must supply student's medications

Heart Condition

Murmur with no limitations

Other

Describe

Medications

Mental Health

Describe

Medications

Orthopedic Concerns

Type

Limitations

Describe

No Limitations

Seizure

Febrile only (suggest Tylenol/Ibuprofen in health office)-(no health plan necessary)

Other Describe

Medications

Please complete a Seizure Health and Emergency Plan annually.

Other (ie: activity restrictions, neurological, mobility, hearing, vision problems/Color Vision Deficiency, special dietary needs) Describe concern:

Doctor **Clinic**

Signature

Parent/Guardian

January 2025

To consult with the school nurse please contact

Heidi Gallart, RN at 763-682-8818 or at hgallart@bhmschools.org for elementary schools
Sandy Vajda, RN at 763-682-8211 or at cvajda@bhmschools.org for middle school/Early Childhood
Karen Schultz, RN at 763-682-8120 or at kschultz@bhmschools.org for high school/PRIDE