



Dear Parents/Guardians of Cass Lake-Bena School District Students,

With the new school year approaching fast, the Health Offices would like to inform you of important information in order for your student to start school in the fall. Please provide required health forms to Health Offices prior to school starting.

1. **Immunizations:** Immunizations are an important part of getting your student ready for school. In order for your student to be enrolled in the Cass Lake-Bena School District, the school must have a copy of your student's immunization record showing that he/she is up-to-date on all Minnesota Department of Health required immunizations. A chart of the required immunizations is available on the school's website under Health Services.
2. **Annual Health Information Form:** Please help the Health Offices properly provide for the health and welfare of your student by completing the health information form for each child enrolled in the Cass Lake-Bena School District every year. This information will assist the Health Offices by providing them with the necessary health status of your student.
3. **Food allergies:** Students with a food allergy or requiring a diet modification need to have a form signed by their medical provider stating the type of modification needed. The student will need to have a "Special Diet Statement" form completed for meal modifications at the school. These forms are available from the office or located on the school's website under Health Services.
4. **Permission to administer medications:** Middle School and High School do not furnish over-the-counter medications such as Tylenol or Tums for students. Parents who wish their student to be given over-the-counter medications by the Health Offices may provide the schools with this medication at the beginning of the school year. The Health Office must have a signed consent to administer medications to your student during the school day. The medications need to be in the original bottle and labeled with the student's name. Medications need to be current as we will not administer expired medications.

Prescription medications to be given to your student during school hours are required to have a signed parent/guardian consent and physician/licensed prescriber medication order. The medication must be supplied in the original pharmacy labeled bottle to the school and brought to the school by the parent/guardian or approved adult. Any medications present at school need to go through the Health Offices. The school nurse will help families with this process.

Health Office Forms are also available on the school's website under Health Services.

If you have any questions about these matters, please call the health staff connected with the school your student attends.

We are looking forward to a Happy and Healthy school year!

Melissa Jenson, RN
District/High School Nurse
218-335-2203 ext 1309

Krissy Grover, LPN
Middle School Health Office
218-335-2203 ext 1905

Rhonda Reimer, LPN & Lisa Goss
Elementary Health Staff
218-335-2201 ext 5111

Cass Lake-Bena Health Services
ANNUAL HEALTH INFORMATION 2019-2020

Please complete both sides of this form. Return to the school health office when completed.

Student Name: _____ Gender: _____
Last First Middle Initial

Birth Date: _____ Grade/School: _____

Street Address: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

EMERGENCY CONTACTS *(Persons authorized to care for student when ill and will act in an emergency when parents cannot be reached).*

Name #1: _____ Phone: _____

Name #2: _____ Phone: _____

Health information from this form assists with planning for your child's needs at school.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital (for emergency) _____

**Please provide your child's school health office with a current immunization record, which can be faxed from your doctor's office.*

HEALTH CONCERNS: Please check all that apply.

☐ **No Health Concerns**

Identified Health Concerns:

☐ Please Circle or Specify: ADHD/ADD/Autism/Other Learning Disabilities _____

☐ Allergies to what? _____

a) Signs of the actual reaction? _____

b) Does the student have a prescription for epinephrine (Epipen)? ☐ Yes ☐ No

☐ Asthma or other breathing problems (describe): _____

a) Does your child use a prescription inhaler? ☐ Yes ☐ No

☐ Bladder/Bowel problems? (describe): _____

☐ Chickenpox (list month and year he/she had the disease): _____

☐ Diabetes: ☐ Type 1 ☐ Type 2

Managed by: ☐ Diet Only ☐ Oral Medications ☐ Insulin Injections ☐ Insulin Pump

☐ Seizures: Type: _____ Date of last seizure: _____

☐ Social/Emotional/Behavioral/Mental Health concerns (describe): _____

☐ Anxiety disorder/panic attacks (describe): _____

☐ Vision deficit (describe): _____

☐ Hearing deficit (describe): _____

☐ Other health concerns or significant history of problems: _____

☐ Surgeries or hospitalizations in the last year. Explain: _____

EMERGENCIES: Does your child have a health problem that could result in an emergency? ☐ Yes ☐ No

If yes, describe: _____

MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED (This section does not serve as a medical order for administration).

List medications that your child takes:

Medication Name	Reason	Dose	How often taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please consider the following:

1. The Authorization for Medication Administration form is REQUIRED for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the health office.
2. The Authorization for Medication Administration form must be signed by both the HEALTH CARE PROVIDER and PARENT for a prescription medication. A new consent is needed each school year.
3. Forms are available in the health office and on the Cass Lake-Bena website.

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

Permission for Release of Information

1. I give permission for the school nurse to communicate, as needed with school staff about my child's medical condition and medications my child is taking.
2. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) my child has.
3. I give permission for the physician/licensed prescriber to release information to the above medication(s) and medical condition(s) to the school nurse.

Parent/Guardian signature

Date

Relationship to student

Return to: Krissy Grover, LPN Phone: (218) 335-2203 Ext. 1309 Fax: (218) 335-7649

Health office

Or : Melissa Jenson, RN, Phone: (218) 335-2203 Ext 1309 Fax: (218) 335-7649

RN, Licensed School Nurse

The school district intends to use the requested information to provide your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success.