



Nadynne E. Finsaas
Community Education Office
P- 763.262.7185
n.finsaas@biglakeschools.org

Dear Parent/Guardian,

We are planning for the new school year and are aware that your child has had an allergy 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.

My child's allergy to _____ is no longer a concern.

No additional forms needed. Sign below.

Parent/Guardian Signature	Date
---------------------------	------

Parent/Guardian Printed Name

My child's allergy continues to be a concern.

Please fill out the Allergy Action Plan and return to your child's school.

1. Either your doctor's Allergy Action Plan, or our attached school district Allergy Action Plan must be signed by your physician and a parent/guardian. This form needs to be returned to the Health Services office as soon as possible, whether your child needs medication at school or not.
2. **For students in grades K – 5, complete the allergy questionnaire.**
3. If medication(s) are required, they should be brought to Health Services by a parent in a current-labeled container provided by your pharmacy.
4. Qualified students will be allowed to carry their own epinephrine. Complete the epinephrine contract on the parent page of the Action Plan. It is recommended to have back-up epinephrine that is kept in Health Services.
5. **Parents of students with severe food allergies are expected to provide safe snacks for their child.**

For questions, contact the Health Assistant at your child's school, or myself at 763-262-7185. We would appreciate this information to be sent back to the school as soon as possible. Thank you!

Nadynne E. Finsaas, RN-BC/Licensed School Nurse
District Health Coordinator