HEALTH INFORMATION FORM
(CONFIDENTIAL)

Student Name: _____ **Grade:** _____

Health Conditions: Does your child have any current health conditions? (examples; Asthma, Diabetes, ADHD, Heart Conditions, Seizures, Depression, Handicaps, etc)? _____
_____

Medications: Is your child currently taking any medication at home? Y/N
If "Yes", please list medication(s)/dose:
_____
_____

Will your child be taking any medication while attending school? Y/N
If "Yes", please fill out the Prescription Medication Administration Form found on our website under the Parents menu.

Healthcare Procedures: Does your child require any special healthcare procedures? Y/N
If, "Yes", please list: _____
_____

Allergies, please list:
Food Allergies: _____
Food Intolerances:_____
Has an EpiPen been prescribed for your child's allergy? Y/N
Will your child "self-carry" his or her EpiPen? Y/N
Will you provide an EpiPen for Breakaway Academy™ staff to administer in an emergency situation? Y/N

Concussions:
Has your child been diagnosed with a concussion in the past? Y/N
If 'Yes', please provide details with a date of diagnosis: _____
_____

This Health Information Form will be shared with your child's teacher and other school personnel, along with the bus driver as appropriate, unless you inform us otherwise.

_____ **Parent or Guardian Initials**

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Anaphylaxis Treatment Notification to Parents

Anaphylaxis is a rapid, life-threatening allergic response triggered by insect stings, foods, medications, latex, exercise, or in rare cases by unknown causes. It requires immediate treatment. It is well documented that it is safer to administer epinephrine than to delay treatment for anaphylaxis. The epinephrine auto-injector rapidly delivers a premeasured, single dose of epinephrine by direct injection through the skin. If your child has a life-threatening allergic reaction at school requiring epinephrine, school administration, emergency medical services, and parents will be called immediately.

Minnesota Statute 121A.2207 and Connecticut Statute 10-212a and 52-557b(e)(1) permit school districts to possess epinephrine auto-injectors (EpiPens) for a student or other individual experiencing anaphylaxis, regardless of whether the student or individual has a prescription for an EpiPen. Therefore, Breakaway Academy has adopted a policy allowing the health specialist or appointed staff to administer an EpiPen for a severe, life-threatening allergic reaction. The emergency EpiPen will be kept in a secure location in each of the buildings and accessible during school hours. It will not be sent on school-based field trips or available before or after the instructional school day. This protocol IS NOT intended to replace students who have known allergies and an EpiPen. This is intended for unknown, life-threatening allergic reactions.

If you DO NOT want your child 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 administration. Otherwise, parental consent is implied for all students attending Breakaway Academy. If your child has a heart condition, please talk with his/her provider about the safety of administering an EpiPen in the event of a life-threatening anaphylaxis emergency.

If your child has a known allergy and has a prescribed EpiPen, you will need to provide one, preferably two EpiPens for your child. They must be labeled with a pharmacy label, be accompanied by a completed Prescription Medication Administration Form or a copy of the physician's Anaphylaxis Action Plan - with signature of the provider and parent/or guardian. Any child with a prescribed EpiPen will have them available on all school-based field trips and at the ice arena.

Emergency Procedures

The welfare of your child is our first consideration. Unless your child has an Emergency Care Plan in place or you indicate otherwise, the following procedures will be followed in case of a serious medical emergency:

1) 911 will be called immediately. You will be informed as soon as possible.
2) A copy of this Health Information Form will be sent with your child and the emergency attendant.
3) The school will call your documented emergency contact if you cannot be reached.
4) If you or your emergency dontact cannot be reached, the school will make arrangements for emergency care as necessary.

In case of a serious accident, illness, or emergency and I cannot be reached, I hereby authorize:
Dr. _____ Phone _____ Clinic name/Location _____
to give necessary treatment. Breakaway Academy may call them or an ambulance if necessary.

I give the appointed Breakaway Academy staff permission to contact the above-named doctor should the need arise. Y/N

Any other general concerns, health conditions or considerations not listed on this page that you feel Breakaway Academy staff should be aware of, please list them here: _____
_____

Parent or guardian signature: _____ **Date:** _____