

**Superintendent**  
Robert Prater  
320-384-6277/320-233-7611

**HFHS Principal**  
Brian Masterson  
320-384-6132

**HES/FES Principal**  
Bonnie Scullard  
320-384-6443

**Activities Director**  
Mandy Hartl  
320-384-6132



## Hinckley-Finlayson Public Schools

Independent School District 2165

[www.hf.k12.mn.us](http://www.hf.k12.mn.us)

Fax: 320-384-6135

PO Box 308

Hinckley MN, 55037

**Head of Maintenance and Operations**

Joe France

320-384-6277

Cell: 320-279-2413

**Transportation Supervisor**

Sarah Beckrich

320-384-0434

**Food Service Supervisor**

Sarah Severson

320-384-6277

**Technology Coordinator**

Leisa Knauff

320-384-6277

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

**\*If your child's allergy reaction is resolved and is no longer a medical concern, please initial, sign, and return this form.**

*My child's allergy is no longer a medical concern.* \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your child allergic to? \_\_\_\_\_

\_\_\_\_\_

2. What is your child's reaction to these allergies? \_\_\_\_\_

\_\_\_\_\_

3. When/how was your child diagnosed with this allergy? \_\_\_\_\_

\_\_\_\_\_

4. Please describe your child's allergic reaction warning signs? \_\_\_\_\_

\_\_\_\_\_

5. When was the last time your child had an allergic reaction? \_\_\_\_\_

6. What treatment was provided at the time of the allergic reaction? \_\_\_\_\_

\_\_\_\_\_

7. Is your child aware of their allergy? \_\_\_\_\_

8. Is your child aware of signs and symptoms of an allergic/anaphylactic reaction? \_\_\_\_\_

\_\_\_\_\_

9. If so, how does your child describe an allergic reaction? \_\_\_\_\_

\_\_\_\_\_

10. Does your child know to tell an adult if they are having an allergic reaction? \_\_\_\_\_

11. Does your child wear a Medical Alert bracelet or necklace? \_\_\_\_\_

12. Is your child able to self-administer their Epi-pen? \_\_\_\_\_

13. Will

14. your child be carrying their Epi-pen? \_\_\_\_\_

(If yes, your child will need to have a food allergy action plan, medication administration form, and student self administration form on file).

15. Would you like to give your child's teacher/school nurse a bag of "safe snacks" so there is always something your child can choose during an unplanned special event? \_\_\_\_\_

\_\_\_\_\_

16. My child has a reaction when he/she:

Eats a food containing the food allergen

Touches a surface contaminated with oils from the food allergen

Breathes odors from the food allergen

17. Onset of symptoms after ingestion/making contact:

- Immediately
- Within 15 minutes
- Within one hour
- Up to two hours

18. FOR A PEANUT ALLERGY→ Reading food labels is always important. If a label indicates the food item is made in a facility that also processes peanuts, my child may consume.

- Yes
- No

19. Lunchroom Procedures: (select all that apply)

- My child can eat at any table in the lunchroom with their class. My child is able to self-monitor the area for safety and make a choice of where to sit to prevent exposure.
- My child needs to be assigned a seat at an allergy safe table in the cafeteria. I understand that the table surface will be disinfected before my child eats and after they are done with a disinfectant solution to remove residual oils.
- Other students will be allowed to sit with my child IF the identified food allergen is not in their lunch for that day.
- My child can not eat in the same room as the identified allergen (Dr. note stating this is needed to make accommodations).

20. Transportation plan:

- Medication available on bus
- Medication NOT available on bus
- Does not ride the bus

**Memo of Understanding:**

1. It is the mutual responsibility of the parent and teacher to review party or field trip menus.
2. It is the responsibility of the parent to review the hot lunch menu with their child.
3. It is understood that the parent will complete and sign this form annually.
4. It is understood that the parent will provide the emergency medications needed at the school and sign the parent/physician medication administration form.
5. It is the responsibility of the parent to notify the school nurse of changes in the health plan.
6. If your child is participating in activities before or after the school day including extracurricular activities and trips, athletics, or summer camps; it is imperative that the parent inform the supervising adult of your child's food allergies, special needs, and treatment plan. This is necessary because the school nurse is not aware of all the activities students are participating in beyond the normal school day/school year.

**Parent Permission**

I verify that the above information is correct. I give permission to share this information with staff on a need to know basis. The information is valid for ONE school year. Annual parent signature is required.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

If you would like to talk to the head cook for the school district, Sarah Severson, in regards to your child's food allergies please call her at 320-384-6132 or email her at [sseverson@isd2165.org](mailto:sseverson@isd2165.org)