

ANNUAL HEALTH CENSUS FORM

FOR STUDENTS ATTENDING MANKATO AREA PUBLIC AND NON-PUBLIC SCHOOLS

(TO BE COMPLETED EACH SCHOOL YEAR TO UPDATE STUDENT HEALTH RECORD)

Student Name: _____ Date of Birth: _____
LAST FIRST MIDDLE

School: _____ Grade: _____ School Year: _____

Name of Health Care Provider: _____ Clinic: _____

If you would like to schedule a conference with the Licensed School Nurse to discuss any health concerns, please contact the Health Service office at your child's school.

Does student have a medically diagnosed condition, such as:

Diabetes _____ Asthma/RAD _____ Seizures _____ Life-threatening Allergy _____ None _____

Other _____ Explain: _____

***REMINDER: Individual care plan forms for students with chronic health conditions, including life-threatening allergies, asthma, diabetes, and seizures, are available on the Health Service page of the district website.**

Does student have any shunt or implant device?

Yes _____ No _____

If yes, explain: _____

Is student taking any medication(s)? Yes _____ No _____ Name of medication(s) _____

Will student take medication(s) at school? Yes _____ No _____

***REMINDER: All prescription and non-prescription medications at school (including inhaler, insulin, and epinephrine auto-injectors) require a signed Mankato Area Public and Non-Public Schools "Consent for Administration of Medication" form which can be found on the Health Service page of the district website.**

ALL MEDICATIONS MUST BE BROUGHT IN BY PARENT/GUARDIAN.

- At the discretion of the Licensed School Nurse/designee, the above health information can be shared with appropriate school and Emergency Response personnel to provide for student's health and safety needs while at school.
- You may refuse to supply the requested personal information; however, it may result in an incomplete health and safety plan for your student.
- If your child rides the school bus, it is your responsibility to inform the bus company of your child's health condition and plan.
- If your child participates in before and/or after school activities, it is your responsibility to inform them of your child's health condition and plan.
- *By typing my name on the line below I understand and acknowledge that electronically signed documents will be valid and enforced in the same manner as a hand-signed document and that a record or signature will not be denied legal effect or enforceability under law solely because it is an electronic form.*

Parent/Guardian Signature _____ Date _____