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: _____

Name of Health Care Provider: _____ Clinic: _____

Would you like to schedule a conference with the Licensed School Nurse to discuss any health concerns?

Yes____ No____

Does student have a medically diagnosed condition, such as:

Diabetes ____ Asthma/RAD ____ Seizures____ Life-threatening Allergy____ Other____ None____

Does student have any vision or hearing impairment or shunt/implant device that could affect him/her at school?

Yes____ No____

If yes, explain: _____

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

_____ *(*See Reminder Below)*

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.

Parent/Guardian Signature _____ **Date** _____

Revised 05/17 dr