



Health Information Form

Child's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ School: _____ Grade/Program: _____

Health or Disability Concerns: Please indicate if your child has any of these concerns and explain:

- No Health Concerns
Allergic Reactions to be aware of at school (to what?)
Attention Disorder: ADD ADHD Medication (see below) Does not take medication for ADD / ADHD
Asthma Known Triggers: Medication (see below)
Autism Spectrum Disorder, age of diagnosis
Diabetes: Type 1 Type 2 Insulin Injections Insulin Pump Oral medication
Heart Problem (describe)
Hearing Loss: right ear left ear Hearing Aids: right ear left ear
Vision: Wears glasses /contacts wears in classroom only lost / broken
Neurological
Seizures: Type: Date of last seizure:
Recent surgery or hospitalization: Explain
Mental Health concerns
Other health concerns or additional health information:

Emergencies: Does your child have a health concern that could result in an emergency? YES NO

If yes, please describe: _____

Medications: List All medications that your child takes every day or when needed. * Consent forms are required yearly for ALL medications administered at school. Forms are available on-line or in nurses offices.

Table with 4 columns: Name of Medication, Purpose, Dose, How Often Taken

Does your child need a special diet? YES NO If yes, please describe: _____

Pre-School and Kindergarten: Has your child had an Early Childhood Screening? YES NO

If Yes, location and date of screening: _____

Do you have any comments or information that would help us care for your child's health needs while at school?

The above information is helpful in establishing a comprehensive picture of your child's health and safety needs while at school. The information on this form will be entered into the district's secure electronic data system and considered confidential. There will be no consequences for not providing the information. However, it may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision 2)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Primary Phone: _____

Emergency Contact/ Authorized to Pick Up Student and Phone Number: _____