Eastern Carver County Schools
Exceptional, personalized learning

Student Health Information

Must be Updated Yearly and Returned to your School ASAP

Student Name_____ Date of Birth_____ Grade_____

Physician/Clinic _____ Phone Number _____

Dentist _____ Phone Number_____

Hospital Preference _____

To insure the health and safety of your child this information may be shared with school district staff or emergency personnel based on a need to know.

Health Concerns	Yes	No	Medication (Name, dosage)	Necessary Monitoring in School	Comments or Describe
Asthma/ Respiratory				Inhaler at School? Y N	
Severe Allergies				Food Latex Insects	Type of reaction: Date of Last reaction:
Diabetes					
Head Injury					
Seizures/ Neurological					Type and date of last episode
Heart/Blood					
Muscles/Bones/ Joint/Skin					
Bladder/Kidney					
Stomach/ Intestine/Bowels					
Immune Problems					
Emotional/ Behavioral					
Hearing Concerns				Hearing Aide? Preferential seating?	
Vision Concerns				Glasses or Contacts? Reading Only?	
Growth/Nutrition Concerns				Dietary restrictions (ie. Pork, vegetarian, gluten, etc.)?	Type:
Developmental Concerns					
Other Health Concerns					

If your child becomes ill or injured, the school will attempt to call the parent/guardian at home or at work. If you cannot be reached, the school will attempt to call the emergency contact. In case of serious accident/injury/illness, 911 will be called if necessary.

Signature: _____ Date: _____