ANNUAL HEALTH CENSUS FORM

FOR STUDENTS ATTENDING MANKATO AREA PUBLIC SCHOOLS

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

Student Name:			Date of Birth:		
LAST			Date of Birth:		
School:		Grade:	School Year:		
Name of Health Care Provider:		Cli	Clinic:		
<u>If you would like to schedule</u> please contact the Health Serv			urse to discuss a	ny health concerns,	
Does student have a medically dia	•				
Diabetes Asthma/R	AD Seizures	Life-threat	ening Allergy	None	
Other Explain:					
<u>*REMINDER:</u> Individual care threatening allergies, asthma, website. Does student have any shunt or in YesNo If yes, explain:	diabetes, and seizure nplant device?	s, are available on t	he Health Service	, 0	
Is student taking any medication(s)? Yes No	Name of medicat	ion(s)		
Will student take medication(s) at <u>*REMINDER:</u> All prescription epinephrine auto-injectors) at Administration of Medication	n and non-prescriptio require a signed Man	n medications at scł kato Area Public an	d Non-Public Sch	ools "Consent for	
ALL MEDICAT	IONS MUST BE BI	ROUGHT IN BY <u>F</u>	PARENT/GUAR	<u>DIAN</u> .	
• At the discretion of the Li	icensed 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 ۲ 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