# CONFIDENTIAL: ANNUAL HEALTH CENSUS FORM

FOR STUDENTS ATTENDING ALBERT LEA 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.

| Condition | Yes | Comments | Condition | Yes | Comments |
|---|---|---|---|---|---|
| Severe Allergies(food,insects,latex) | | | Head Injury / Concussion | | |
| Asthma / Breathing problems | | | Heart Problems | | |
| Bladder Problems | | | Muscle Problems | | |
| Bleeding Problem | | | Seizures | | |
| Bowel Problem | | | Spinal Injury | | |
| Cerebral Palsy | | | Surgery | | |
| Cystic Fibrosis | | | Other: | | |
| Diabetes | | | | | |

Is student taking any medication(s)? Yes___ No___ Name of medication(s) _____

_____

Is it necessary for student to 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 Albert Lea Area Schools Medication Authorization form "Consent for Administration of Medication" form which can be found on the Health Service page of the district website. This must be signed by the parent and healthcare provider.**

## 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 _____