



DETROIT LAKES PUBLIC SCHOOLS - ISD #22

School Health Information Form

STUDENT NAME:	Grade:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Student Information

Mother's Name:	Cell:	Work:
Father's Name:	Cell:	Work:
Emergency contact:	Ph. #	Relationship:
Emergency contact:	Ph. #	Relationship:

✓ If your child has a life threatening health condition, it is the parent/guardian's responsibility to notify school health staff **prior to school attendance** so that a plan of care can be developed.

Health History

<input type="checkbox"/>	Diabetes	Managed by: <input type="checkbox"/> Insulin pump <input type="checkbox"/> Insulin pen <input type="checkbox"/> Oral medication Needs supervision in health office: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Seizures	Date of last seizure: _____ <input type="checkbox"/> Emergency medication needed: _____
<input type="checkbox"/>	Asthma	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES >> <input type="checkbox"/> OK to self carry/administer - or - <input type="checkbox"/> Need assistance/keep in health office
<input type="checkbox"/>	Allergies	Allergy to: _____ Treatment: _____ Special diet needed? <input type="checkbox"/> Yes <input type="checkbox"/> No >> If YES , Contact Food Service: 218-847-2309
<input type="checkbox"/>	ADHD/ADD	Medication: _____
<input type="checkbox"/>	Vision/Hearing	Glasses/contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing device: <input type="checkbox"/> Yes <input type="checkbox"/> No Right: <input type="checkbox"/> Left: <input type="checkbox"/>
<input type="checkbox"/>	Heart condition	Activity restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
<input type="checkbox"/>	Other	
<input type="checkbox"/>	No health concerns	

Detroit Lakes School District intends to use the requested information to provide for your child's health and safety needs while in school. You may refuse to supply the requested personal information. 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 job requires access to this information to ensure your child's safety and school success.

If any of the above information changes, please call the school office to update.

Parent/Guardian Signature: _____ Date: _____