



Glencoe-Silver Lake Public Schools

Independent School District #2859

Proudly serving the communities of Biscay, Brownton, Glencoe, New Auburn, Plato, and Silver Lake

GSL Health Services

ANNUAL GSL Emergency Student Health Information Survey

**Please return to your child's school health office as soon as possible.*

Student _____ **DOB** _____ **Grade** _____
Primary Physician _____ **Clinic** _____ **Phone** _____

Emergency Contacts

PLEASE make sure your child's Infinite Campus profile has accurate information for names and numbers of emergency contacts. The Information on Infinite Campus is what we will use in the case of an emergency

Section 1: No Health Problems _____

Section 2: Serious Health Concerns—check all that apply

____ Asthma
____ Diabetes
____ Severe allergy → Allergic to _____
____ Seizures → Type of seizure _____
____ Other → Explain _____

Section 3: Medication – check all that apply

____ Insulin/glucagon →	____ Student carries	____ Located in school health office	____ not needed at school
____ Insulin pump →	____ Student carries	____ Located in school health office	____ not needed at school
____ Inhaler →	____ Student carries	____ Located in school health office	____ not needed at school
____ Epi-Pen →	____ Student carries	____ Located in school health office	____ not needed at school
____ Diastat →		____ Located in school health office	____ not needed at school
____ Medication	Drug _____ Dose _____ Time _____		
	____ Medication has been provided to school	____ Medication not needed at school	

**A medication administration form, with physician orders, must be completed each year in order for the health office to administer any medications to your child.*

Section 4: Release of Information

I understand that by signing below this authorizes the LSN or health assistant in the building my student attends to contact my physician regarding this plan. The nurse will also provide a copy of this plan to appropriate school personnel as is necessary for my child's safety and well-being. I understand that health services are available to my child during the academic school day only, not before or after. I will also keep the school district updated of any changes to this plan or contact information.

Parent/Guardian Signature _____ **Date** _____

District Office – 1621 E 16th St. Glencoe, MN 55336 – 320-864-2499 Fax 320-864-6320

Glencoe-Silver Lake Junior/High School (Grades 7-12) – 1825 E 16th St. Glencoe, MN 55336 – 320-864-2400 Fax 320-864-6475

Lakeside Elementary (Grades 3-6) – 229 Lake Ave. Silver Lake, MN 55381 – 320-864-2500 Fax 320-327-3122

Lincoln Elementary (Grades K-2) – 1621 E 16th St. Glencoe, MN 55336 – 320-864-2666 Fax 320-864-2682