

**LeSueur-Henderson Public Schools - ISD 2397
Annual Health/Emergency Information**

Student Name _____ Date of Birth _____ Grade _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Phone (H) _____ (W) _____ (Cell) _____

Parent/Guardian Name: _____

Phone (H) _____ (W) _____ (Cell) _____

If a parent/guardian cannot be reached, please call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family Physician/Health Care Provider: _____ Phone: _____

Family Dentist: _____ Phone: _____

HEALTH CONCERNS

Does your child have a medical condition that school should be aware of? Yes ___ No ___

If yes, please describe:

Asthma: _____

Physical Disability: _____

Diabetes: _____

Hearing/Vision: _____

Seizure Disorder: _____

ADD/ADHD: _____

Heart Condition: _____

Mental Health: _____

Bladder/ Bowel: _____

Concussions: _____

Dietary Restrictions: _____

Frequent Headaches: _____

Does your child have a *medically diagnosed, life-threatening* allergy? Yes ___ No ___

Allergies/ reaction: _____

Requires Epi-Pen? Yes ___ No ___

In the past year, has your child had any major illness, operation or injury? Yes ___ No ___

Specify: _____

Is your child taking Medication? Yes ___ No ___ If yes, please list medication and dose:

Reminder: ISD 2397 requires a "Consent for Administration of Medication" form signed by a licensed healthcare provider and parent before prescription or over the counter medication (including insulin, inhalers, Epi-pen) may be taken at school. Please see the Student Handbook for school district medication guidelines.

Please complete side 2.....

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During the past year has your child had any of the following?

Immunizations (**be specific**): _____ Date: _____
Physical Exam by Dr. _____ Result: _____ Date: _____
Dental Exam by Dr. _____ Result: _____ Date: _____
New Eye Glasses/ Contacts: _____ Date: _____

Is there a condition that may limit your child's participation in:

- ❖ Classroom Activity? Yes___No___ If Yes, _____
- ❖ Physical Education? Yes___No___ If Yes, _____
- ❖ Competitive Sports? Yes___No___ If Yes, _____

Do you have other concerns about your child's physical health or emotional well-being?

Please specify: _____

- The information provided above will be shared in a confidential manner with appropriate staff members or emergency personnel who need to know, in order to provide for the safety and health needs of the student.
- For the safety of your student, you must keep the school informed of any changes in health status or contact information.
- Independent School District #2397 may take whatever emergency measures are judged necessary for the safety of the student. In case of medical emergency, a student may be transported to the local medical center. Any charges incurred are the responsibility of the parent/guardian. In some situations, school staff may need to contact local emergency resources before a parent or other emergency contact can be notified.
- If the student rides the school bus, it is the parent/ guardian responsibility to inform the bus company of the student's health condition and plan.
- If the student participates in before/ after school activities, it is the parent/ guardian responsibility to inform them of the student's health condition and plan.

Parent/Guardian Signature

Date

Reminder: If your child becomes ill at school, school procedure indicates that he/she must go to the health office for assessment prior to being excused. The school nurse or health office representative will call the parent/guardian as necessary. A call to a parent by the student without following this procedure is considered an unexcused absence.