

Round Lake-Brewster Annual Health Information

Student Name: _____ Birth Date: _____ Grade _____

Parents' Home Phone Number _____ Email Address _____
(please include unlisted numbers for emergencies)

Father's Work Number _____
(Name) (Workplace) (Number)

Mother's Work Number _____
(Name) (Workplace) (Number)

Emergency Contact if parent unavailable: _____
Relationship to child _____ Phone: _____

HOSPITAL TO BE TREATED AT IN AN EMERGENCY _____

Health Concerns: (Please check all that apply)

Vision Hearing Speech Scoliosis Asthma Diabetes

Heart Problems Seizure Disorder Bone or Joint Problems

Bladder or Bowel Problems Focused Attention Difficulties Other: _____

Allergies, including food: _____

Please explain any of the above checked items: _____

If your child has a health condition that could result in a medical emergency, please contact the school nurse to schedule a meeting.

Medications: Please list any medications your student takes either daily or occasionally at home that school personnel should be aware of: _____

***Any student that has medication administered by school personnel must follow the district's student medication policy/protocol. Please fill out Authorization for Administration of Medication form, if your child is to take medications at school.**

Immunizations: Please list the dates (mo/day/yr) of any new immunizations that your child has received in the last 12 months: Td _____ Polio _____ MMR _____
Hepatitis B _____ / _____ / _____ (3 dates)

Health information will be kept confidential and may be shared with appropriate school personnel on a professional basis only when necessary in order to keep the student healthy and safe and/or to improve the student's educational outcome. As parent or guardian of the above named student, I grant my permission to share health information as stated above to promote my child's health, safety, and/or educational outcome. I also give the school district permission to share immunization information with my child's medical clinic, doctor, and/or Nobles County Public Health Services.

(Parent Signature)
(Expires one year from date signed, unless revoked in writing earlier.)

(Date)

YEAR: 2019-2020

