

# HEALTH AND EMERGENCY INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Health Information:** What health concerns does your child have? (Examples of health concerns: asthma, peanut allergy, allergies, ADHD, anxiety.)

**Does this student take any medications?**

No  Yes (please specify) \_\_\_\_\_

**Will this student take any medications at school?\***

No  Yes (please specify) \_\_\_\_\_

*\* An authorization form for the administration of medication in school must be completed and signed by parent/guardian and health provider for all prescription medications administered at school. This form is available in the School Health Office and on the District website [www.sowashco.org](http://www.sowashco.org), under "Services" and "Health Services."*

**Does this student have any restrictions?**

No  Yes (please specify) \_\_\_\_\_

**Doctor Name:**

**Clinic Name:**

**Clinic Phone:**

**Hospital Preference (in case of emergency):**

**Please provide us with two additional contact persons. These persons may be called in emergency situations when a parent/guardian is not reachable and will be the ONLY people allowed to pick the student up from school\*.**

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Self carry Pain Relievers:** HF615/SF232\*/CH126 COMPLETE BOX if Secondary Student 6-12

According to law in 2005 – allows older students to possess nonprescription pain relief medications such as Tylenol\* or Motrin\*. Medications must remain in original container and taken according to directions. Parent permission must be given in order for students to 'self carry' pain relievers.

I hereby give my child permission to 'self carry' pain relievers.

Signature \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the 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 jobs require access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision2) 4/19/2013