

St. Louis Park ISD 283 Health Services
ANNUAL STUDENT HEALTH INFORMATION

To be completed by Parent/ Guardian each school year

Student Name: _____ **Birth Date:** _____ **Boy** **Girl** **Grade:** _____

Health or Disability Concerns Put a ✓ if your child has any of these concerns and explain:

- No Health Concerns**
- Allergic Reactions to be aware of at school (to what?) _____
(Describe reaction) _____
- Asthma or other breathing problems _____
- Attention Disorder _____
- Diabetes Type 1 Type 2 Insulin Injections Insulin Pump
- Heart Problem (describe) _____
- Hearing: Loss: right ear left ear Hearing Aids: right ear left ear
- Vision: Wears glasses / contacts wears in classroom only lost / broken does not wear
- Neurological _____
 - Seizures: Type: _____ Date of last seizure: _____
- Recent surgery or hospitalization: Explain _____
- Social / Emotional / Behavioral concerns _____
- Other health concerns or additional health information _____

Emergencies: Does your child have a health concern that could result in an emergency?

Yes No If Yes, explain: _____

Medications: List ALL medications that your child takes every day or when needed.

Consent forms are required for ALL medications at school and are available from the health office.

Name of Medication	Purpose	Dose	How often taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature: _____ **Date:** _____

Parent contact: _____

Name	Home phone	Work	Cell
------	------------	------	------

Clinic/Doctor Name: _____ Phone Number: _____

The school district 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 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, Subdivision 2)