

Please complete this form and return to the school health office.

HEALTH AND EMERGENCY INFORMATION

Student Name: _____ Date of Birth _____

<p>Health Information: What health concerns does your child have? (Examples of health concerns: asthma, seizure, diabetes, peanut allergy, allergies, ADHD.)</p>
<p>Does this student take any medications? ___ No ___ Yes (please specify) _____</p>
<p>Will this student take any medications at school?* ___ No ___ Yes (please specify) _____</p> <p><i>*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 under "Departments" and "Health Services/Forms."</i></p>
<p>Does this student have any restrictions? ___ No ___ Yes (please specify) _____</p>
<p>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*.</p> <p>Emergency Contacts: (OTHER THAN PARENT/GUARDIAN)</p> <p>Name _____ Relationship _____ Phone _____</p> <p>Name _____ Relationship _____ Phone _____</p>

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