

Health Services Information

Zion Lutheran School

Student Name: _____ Date of birth: ___/___/___ Grade: _____

Parent/Guardian Name _____ Phone _____ Email _____

Physician/Clinic _____ Phone _____

Dentist _____ Phone _____

Health Concerns:

Has your student been diagnosed by a health care provider with any of the following?

Asthma	Yes _____	No _____	
Seizure Disorder	Yes _____	No _____	
Diabetes	Yes _____	No _____	
Heart Condition	Yes _____	No _____	
Allergies	Yes _____	No _____	list allergies: _____
Requires Epi-Pen?	Yes _____	No _____	If yes, please describe _____

Is your student taking medication? Yes _____ No _____
If yes, list medication and dosage. _____

Has your student had Chicken Pox (Varicella)? Yes _____ No _____
Month/Year of Disease or Vaccination _____

Please list dates of any immunizations received in the last year: Tdap _____ MCV _____ HepB _____

Is your student receiving treatment for an acute or chronic illness, injury, or surgery? Yes _____ No _____
If yes, please describe:

Please provide any additional information or health concerns you feel would be helpful in identifying your student's needs at school, including recent changes in family setting:

I give permission for Zion Lutheran School to take whatever emergency measures are judged necessary for the care and protection of my child. In case of a medical emergency, I understand that my child may be transported to a medical center, and if responding emergency personnel (police, rescue squad) deem it necessary, my child will be transported at parent expense. It is understood that in some medical situations, school staff will need to contact the local emergency resource before a parent, the child's physician and/or other adult acting on the parent's behalf.

Parent/Guardian Signature _____ Date _____

Important: Please contact the bus company about any serious illness, injury, or condition which may affect your child while riding the bus (Johnson Bus: 952-955-1866). Health/Emergency information will be kept confidential and shared only on a need-to-know basis with appropriate school personnel or emergency response personnel to meet your child's health and educational needs. *Health information forms MUST be completed annually on EVERY student.