

**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 \_\_\_ **ADHD** Yes \_\_\_ No \_\_\_

**Seizure Disorder** Yes \_\_\_ No \_\_\_ **Gluten Free** Yes \_\_\_ No \_\_\_

**Diabetes** Yes \_\_\_ No \_\_\_ **Lactose Intolerant** 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 (Koch 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.