

## Belgrade-Brooten-Elrosa Elementary Student Health Information

(Must be filled out annually)

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have allergies: YES NO Teacher: \_\_\_\_\_

If yes, allergic to what? \_\_\_\_\_ What is typical reaction? \_\_\_\_\_

Treatment: \_\_\_\_\_ Should a medication be given at school? \_\_\_\_\_

Any dietary restrictions or special needs? YES NO

Explain: \_\_\_\_\_

**\*\* Any dietary restrictions or needs must be ordered by physician\*\***

Does your child have asthma? YES NO Medications used in school? \_\_\_\_\_

**\*\* Medication Administration Form needed if child requires inhaler in school\*\***

Any medications taken on a regular basis? YES NO

If yes, what med and for what reason?

\_\_\_\_\_

Any vision problems? YES NO \_\_\_\_\_ Contacts \_\_\_\_\_ Glasses

Any hearing problems? YES NO Please explain below.

Any serious illness/injury/hospitalization during the past year? YES NO

Please explain below.

**\*\* Any medications to be taken in school are required to come in the original labeled container. A medication administration form must also be filled out. If at all possible, parents should attempt to give medications at home.\*\***

Hospital of choice: Glenwood Paynesville Sauk Centre Willmar Other: \_\_\_\_\_

\*\*In an emergency, the ambulance may not allow for the parent choice.

Any additional health information or history that the health office should know when providing care for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I will review my contact information and emergency contacts on Infinite Campus and update the information or contact the school to update as needed. I will ensure that I have at least 2 emergency contacts listed in Infinite Campus.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date