



GRADE \_\_\_\_\_

# CLOQUET PUBLIC SCHOOLS • Annual Health Information 2017-2018

**STUDENT NAME**

(Please print) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Health information from this form assists with planning for your child's needs at school.

**PHYSICIAN** \_\_\_\_\_ **Phone** \_\_\_\_\_

**DENTIST** \_\_\_\_\_ **Phone** \_\_\_\_\_

**HOSPITAL** (for emergency) \_\_\_\_\_

**HEALTH CONCERNS** Please check all that apply.

- Identified Health Concerns**
  - ADHD/ ADD / Other learning disabilities
  - Allergies (list) \_\_\_\_\_
  - Anxiety disorder
  - Asthma or other breathing problems
  - Bladder problems / Bowel problems (describe) \_\_\_\_\_
  - Depression
  - Diabetes: Type 1 \_\_ Type 2\_\_ Managed by: (please circle) Diet only Oral meds Insulin injections Insulin pump
  - Food intolerance (describe) \_\_\_\_\_
  - Hearing (explain) \_\_\_\_\_
  - Heart problems (describe) \_\_\_\_\_
  - Seizures: Type (describe) \_\_\_\_\_ Date of last seizure: \_\_\_\_\_
  - Social/ Emotional / Behavioral / Mental health concerns (describe) \_\_\_\_\_
  - Vision (explain) \_\_\_\_\_
  - Other health concerns or significant history of problems (describe) \_\_\_\_\_
  - Activity restrictions (describe) \_\_\_\_\_

**Surgeries or hospitalizations in the last year. Explain.** \_\_\_\_\_

**No Health Concerns**

**EMERGENCIES:** Does your child have a health problem that could result in an emergency?  YES  NO

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

## MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED

(This section does not serve as a medical order for medication administration)

List **ALL** medications that your child takes at home and at school.

Medication Name	Reason	Dose	How often taken?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child needs to take medication at school, please consider the following:

- The **Authorization for Administration of Medication** form is **REQUIRED** for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the licensed school nurse.
- The **Authorization for Administration of Medication** form must be signed by both the **HEALTH CARE PROVIDER** and **PARENT**. A new consent is required each school year.
- Forms are available in the health office and the Cloquet Public Schools website <http://www.isd94.org> > Programs > Health and Nursing Services

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?  
\_\_\_\_\_  
\_\_\_\_\_

In order to provide for the health and safety of your child, the above information may be shared with school staff working with this student and with Emergency Response Personnel in the event that 9-1-1 is called.

**Parent / Guardian Name** (please print) \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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 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.*