

Emergency/Health Information for:

Student's LAST Name, FIRST Name

Student ID

Student ID

This information is being collected to provide for the student's health and safety at school and to update our current information. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. If unable to reach you or your designee, staff will call 911 for assistance if necessary. Information provided will be shared with school staff having a need to know, unless you indicate otherwise. Updated immunizations are required for the student to attend school. Immunization data is reported to the State, as well as to MIIC (MN Immunization Information Center). Parents may opt out of MIIC by calling the health office for further information.

**** Please sign, date and return this form whether or not changes were made. Thank you. ****

TO THE PARENT/GUARDIAN OF:

Student Name _____

Gender

Birthdate

Grade

M F

Address _____

City, State Zip _____

Home Phone _____

Primary Contacts

Lives With? Relationship to Student Gender Head of Household Name

Phone Type (Please Indicate: Home-Work-Cell-Pager)



Phone Number

Yes / No

M F

H W C P

H W C P

Yes / No

M F

H W C P

H W C P

E-mail address (if available) (please enter only one primary e-mail address)

Emergency Contacts (If possible, please enter two contacts)

Relationship to Student Contact Name

Phone Type (Please Indicate: Home-Work-Cell-Pager)



Phone Number

H W C P

H W C P

H W C P

H W C P

H W C P

H W C P

Doctor Name

Doctor Phone

Family Doctor:

Health Conditions

Allergies

Medications/Inhalers/Dose

Immunizations (dates received or exempt status)

DTP/Td	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
HBV	_____	_____	_____	_____	_____



Please Sign, Date and Return:

Parent/Legal Guardian Signature

Date