

Health Services Information

Mayer Lutheran High School

Student Name _____ **Date of Birth** ___/___/___ **Grade** _____

Parent/Guardian Name _____ Phone _____ Email _____

Physician/Clinic _____ Phone _____

Dentist _____ Phone _____

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

Asthma: Yes___ No___ Heart Condition: Yes___ No___

ADHD: Yes___ No___ Diabetes: Yes___ No___

Seizure Disorder: Yes___ No___

Allergies: Yes___ No___ list allergies/describe: _____

Requires Epi-Pen? Yes___ No___

Please visit Health Services on our website, under the Parent tab, to access any Emergency Actions Plan forms you may need (asthma, seizure, life-threatening allergy) and to view our medication policy and required forms for medication administration during the school day

Is your student taking medication? Yes___ No___ If yes, type and dose: _____

Is your child receiving treatment for acute or chronic illness, injury, or surgery? Yes___ No___

If yes, please describe:

Please list the dates of any vaccinations received in the last year: Tdap___ MCV___ HepB___ other: _____

Has your student had Chicken Pox disease? date of disease _____

Please provide any additional information or health concerns you feel would be helpful in identifying your child's needs at school:

I give permission for Mayer Lutheran High School to take whatever emergency measures are judged necessary for the care and protection of my child. In case of emergency, I understand that my child may be transported to a medical center and if responding emergency personnel 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 responders before a parent, the child's physician, and/or other adult acting on the child'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 School Bus Service: 952-442-3370) 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.