

Health Services Information

MAYER Lutheran High 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 Mayer Lutheran High 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.