

District 110 – Waconia Public Schools

St. Joseph Catholic School

41 East First Street – Waconia, MN 55387 (952)442-4500 (Health Office ext: 138)

ANNUAL EMERGENCY CONTACT/HEALTH CENSUS

Please complete one form per student, sign and date and return to school building that student is attending

- ◆ We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child, although information may have been disclosed in previous years please note all information needed on this form.
- ◆ The school district/school intends to use the requested information to provide for your child's health and safety while at school.
- ◆ The information you provide will be shared only with staff in the school district/school whose jobs require access to this information to ensure your child's safety.
- ◆ Please contact your school building promptly with any changes of information on this form.

Emergency Contact Information

Student's Last/First Name: _____ Birth Date: _____

Address/City/Zip: _____ Grade: _____

Student's siblings/school/grade: _____

Parent/Guardian (If work number will connect with voicemail, please list an alternative number at your place of employment)

1st Contact: _____ Relationship: _____ Home PH: _____

Home Address (if different than above) _____

Employer: _____ Work Phone: _____ Pager/Cell: _____

Email Address: _____

2nd Contact: _____ Relationship: _____ Home PH: _____

Home Address (if different than above) _____

Employer: _____ Work Phone: _____ Pager/Cell: _____

Email Address: _____

If a parent or guardian cannot be reached, list 2 people (within a 60 minute response time that have parental permission to pick up student) **to contact in case of illness, injury, or other emergency:**

Name: _____ Relationship: _____ Daytime PH: _____

Name: _____ Relationship: _____ Daytime PH: _____

Additional information used by the school. This information is not required.

Status of Parents: Married Separated Divorced Remarried Spouse Deceased

Child Lives With: Mother Father Foster Parent Guardian Grandparent

The following information is needed to better serve our student's health and educational needs. If there have been any recent changes in the family setting, please comment and express your concerns.

Please do not forget to complete, sign and date the other side! - - Thank You!



Student's Name: _____

Grade: _____

Medical Information

- ◆ Please fill out this section in detail, although this medical information may have been disclosed in previous years, please note all information needed on this form that is necessary to care for your child.
- ◆ You may refuse to disclose this personal medical information, however without this information the school district/school might be unable to contact you or your emergency contacts to properly care for your child during a medical emergency.

Family Doctor: _____ PH: _____

Family Dentist: _____ PH: _____

Allergies

(List **all** allergies to bee sting, food, medication, latex, pollens, environmental, etc.)

Medical Conditions

(asthma, ADD/ADHD, diabetes, seizures, surgeries, chronic conditions, etc) **** Note: if your child has a condition that would prevent them from participation in physical education, a note from your physician will be required.****

Medications

(list **all** medications your child is on at home or school and star the medications that are to be given at school) ****Note: all prescription or non-prescription medications to be given at school require an order from your health care provider****

Immunizations this past year

(to update our records please include the date of any vaccinations your child has received within the past year and give either the date your child had chicken pox or date of the Varicella (chicken pox) vaccine)

I give permission to St. Joseph Catholic School and School District 110 to make 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 will be transported to Ridgeview Medical Center in Waconia, and if local emergency resources (police, rescue squad) deem it necessary, the child will be transported at the expense of the parent.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent or other adult acting on the parent's behalf. If the parent/guardian cannot be reached, emergency numbers will be called.

I give permission for the above health/emergency information to be shared with appropriate school personnel to meet my child's health and educational needs.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

To keep our records accurate, please contact Health Services with any changes in information included on this form.