



STUDENT HEALTH INFORMATION

This form should be completed for each individual student entering Luverne Public Schools.

Student Name: _____ Birthdate: _____ Grade: _____

HEALTH CONCERNS: Please check if your student is subject to the following conditions:

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Ear/Hearing Problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bladder Issues | <input type="checkbox"/> Bowel Issues | <input type="checkbox"/> Other : _____ | |

Please explain any items checked above and how school staff can address any health concerns:

MEDICATIONS: Please list the medications your student takes either daily or occasionally.

Medication Name	Purpose	Dosage	Frequency (How often)

School District Policy states that any student taking prescription medication during the school day must have a written consent form signed by the parent/guardian and physician/licensed prescriber. The medication must be in the original pharmacy container. The consent forms may be obtained from the Health Office or www.isd2184.net.

EMERGENCIES: Does your student have a health problem, which could result in an emergency? Yes No

If yes, describe the medical plan for emergencies: _____

In case of emergency, if you cannot be reached, who shall be called?

Name: _____ Phone: _____

MEDICATION CONSENT:

The Luverne Schools has acetaminophen (generic Tylenol) and ibuprofen (generic Advil) available for students with complaints of headache and/or muscle aches. Written parent/guardian permission must be on file for students to receive acetaminophen or ibuprofen at school, by signing this form the parent/guardian gives consent for acetaminophen or ibuprofen to be given by the school nurse or his designee. 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. If this form is not completed 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. School Nurse - Phillip Paquette, RN

Signature of Parent or Guardian _____ Date: _____

If you would like to include more detailed medical information please feel free to use the back side of this form or contact the school nurse via email at p.paquette@isd2184.net