Le Sueur-Henderson Public Schools ■ ISD 2397 Annual Health/Emergency Information 2023-2024 PreK - 5th grade

		te of Birth Grade
E	MERGENCY CONTACT INFO	DRMATION
Parent/Guardian Name		
Phone (H)	(W)	(Cell)
Parent/Guardian Name		
Phone (H)	(W)	(Cell)
If a parent/guardian cannot	be reached, please call:	
Name	Relationship	Phone
Name	Relationship	Phone
Family Physician/Health Care	Provider	Phone
Family Dentist		Phone
	HEALTH CONCERNS	S
Does your child have a med	ical condition that school shou	ıld be aware of? Yes No
If yes, please describe:		
ii yes, piease describe.		
Asthma	Physical Disabili	ity
•		
Asthma	Hearing/Vision _	ity
Asthma	Hearing/Vision _ ADD/ADHD	
Asthma Diabetes Seizure Disorder	Hearing/Vision _ ADD/ADHD Mental Health _	
Asthma Diabetes Seizure Disorder Heart Condition	Hearing/Vision _ ADD/ADHD _ Mental Health _ Concussions _	
Asthma Diabetes Seizure Disorder Heart Condition Bladder/Bowel	Hearing/Vision _ ADD/ADHD _ Mental Health _ Concussions _ Frequent Heada	
Asthma Diabetes Seizure Disorder Heart Condition Bladder/Bowel Dietary Restrictions Other	Hearing/Vision _ ADD/ADHD Mental Health _ Concussions Frequent Heada	
Asthma Diabetes Seizure Disorder Heart Condition Bladder/Bowel Dietary Restrictions Other Does your child have a med	Hearing/Vision _ ADD/ADHD Mental Health _ Concussions Frequent Heada	aches No
Asthma Diabetes Seizure Disorder Heart Condition Bladder/Bowel Dietary Restrictions Other Does your child have a med	Hearing/Vision _ ADD/ADHD Mental Health _ Concussions Frequent Heada	aches No
Asthma Diabetes Seizure Disorder Heart Condition Bladder/Bowel Dietary Restrictions Other Does your child have a med Allergies/reaction Requires Epi-Pen? Yes	Hearing/Vision _ ADD/ADHD Mental Health _ Concussions Frequent Heada ically diagnosed, life-threatening	aches No
Asthma Diabetes Seizure Disorder Heart Condition Bladder/Bowel Dietary Restrictions Other Does your child have a med Allergies/reaction Requires Epi-Pen? Yes In the past year, has your child	Hearing/Vision _ ADD/ADHD Mental Health _ Concussions Frequent Heada ically diagnosed, life-threatening	aches No No

Reminder: ISD 2397 requires a "Consent form for Administration of Medication During the School Day" form signed by a licensed healthcare provider and parent before prescription or over the counter medication (including insulin, inhalers, Epi-Pen) may be taken at school. Please refer to the school district medication guidelines.

Le Sueur-Henderson Public Schools ■ ISD 2397 Annual Health/Emergency Information

 Classroom Activity? Yes No If Yes,	Is the	re a condition that m	nay limit y	our child'	participation in:	
Please specify	*	Classroom Activity?	Yes	No	If Yes,	
The information provided on this form will be shared in a confidential manner with appropriate staff members or emergency personnel who need to know, in order to provide for the safety and health needs of the student. For the safety of your student, you must keep the school informed of any changes in health status or contact information. ISD 2397 may take whatever emergency measures are judged necessary for the safety of the student. It case of a medical emergency, a student may be transported to the local medical center. Any charges incurred are the responsibility of the parent/guardian. In some situations, school staff may need to contact local emergency resources before a parent or other emergency contact can be notified. If the student rides the school bus, it is the responsibility of the parent/guardian to inform the bus company of the student's health condition and plan. If the student participates in before/after school activities, it is the responsibility of the parent/guardian to inform the coach/supervisor of the student's health condition and plan. NEW Over-the-counter medication will be available for students in the health office with parent/guardian permission. Students are not allowed to carry over-the-counter medications in school. Only emergency medications can be carried with a healthcare provider order. (Epi-Pen, inhaler, insulin "*Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Iylenol chewable (160mg/tablet): Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School	*	Physical Education?	Yes	No	If Yes,	
The information provided on this form will be shared in a confidential manner with appropriate staff members or emergency personnel who need to know, in order to provide for the safety and health needs of the student. For the safety of your student, you must keep the school informed of any changes in health status or contact information. ISD 2397 may take whatever emergency measures are judged necessary for the safety of the student. It case of a medical emergency, a student may be transported to the local medical center. Any charges incurred are the responsibility of the parent/guardian. In some situations, school staff may need to contact local emergency resources before a parent or other emergency contact can be notified. If the student rides the school bus, it is the responsibility of the parent/guardian to inform the bus company of the student's health condition and plan. If the student participates in before/after school activities, it is the responsibility of the parent/guardian to inform the coach/supervisor of the student's health condition and plan. NEW Over-the-counter medication will be available for students in the health office with parent/guardian permission. Students are not allowed to carry over-the-counter medications in school. Only emergency medications can be carried with a healthcare provider order. (Epi-Pen, inhaler, insulin**Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Tylenol chewable (160mg/tablet):	Do yo	u have other concer	ns about	your child	s physical health or emotional well-	being?
members or emergency personnel who need to know, in order to provide for the safety and health needs of the student. For the safety of your student, you must keep the school informed of any changes in health status or contact information. ISD 2397 may take whatever emergency measures are judged necessary for the safety of the student. It case of a medical emergency, a student may be transported to the local medical center. Any charges incurred are the responsibility of the parent/guardian. In some situations, school staff may need to contact local emergency resources before a parent or other emergency contact can be notified. If the student rides the school bus, it is the responsibility of the parent/guardian to inform the bus company of the student's health condition and plan. If the student participates in before/after school activities, it is the responsibility of the parent/guardian to inform the coach/supervisor of the student's health condition and plan. NEW Over-the-counter medication will be available for students in the health office with parent/guardian permission. Students are not allowed to carry over-the-counter medications in school. Only emergency medications can be carried with a healthcare provider order. (Epi-Pen, inhaler, insulin **Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Tylenol chewable (160mg/tablet): Benadryl chewable (12.5mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange inf	Please	e specify				
 ISD 2397 may take whatever emergency measures are judged necessary for the safety of the student. It case of a medical emergency, a student may be transported to the local medical center. Any charges incurred are the responsibility of the parent/guardian. In some situations, school staff may need to contact local emergency resources before a parent or other emergency contact can be notified. If the student rides the school bus, it is the responsibility of the parent/guardian to inform the bus company of the student's health condition and plan. If the student participates in before/after school activities, it is the responsibility of the parent/guardian to inform the coach/supervisor of the student's health condition and plan. NEW Over-the-counter medication will be available for students in the health office with parent/guardian permission. Students are not allowed to carry over-the-counter medications in school. Only emergency medications can be carried with a healthcare provider order. (Epi-Pen, inhaler, insulin **Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Tylenol chewable (160mg/tablet): Ibuprofen chewable (100mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: I request that the above medication be given to my child during regular school hours (no after school activities) I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. I release school personnel from the liability in relation to the administration of this medicatio		members or emergence of the student.	cy personn	el who need	o know, in order to provide for the safety a	and health needs
permission. Students are not allowed to carry over-the-counter medications in school. Only emergency medications can be carried with a healthcare provider order. (Epi-Pen, inhaler, insulin **Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Tylenol chewable (160mg/tablet): Ibuprofen chewable (100mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school.	•	ISD 2397 may take who case of a medical emericurred are the responsion contact local emergen. If the student rides the company of the student participatinform the coach/supericurrent student participating student	ergency, a sinsibility of cy resource school bunt's health tes in befo	student may the parent/g es before a s, it is the re condition an re/after scho	be transported to the local medical center. ardian. In some situations, school staff marent or other emergency contact can be a ponsibility of the parent/guardian to inform plan.	Any charges ay need to notified.
emergency medications can be carried with a healthcare provider order. (Epi-Pen, inhaler, insulin **Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Tylenol chewable (160mg/tablet): Ibuprofen chewable (100mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school. **	Over-	the-counter medicat	ion will be	e available	or students in the health office with par	ent/guardian
**Please indicate which medication you are giving consent for your child to receive while at school. **Dose will be based on weight. Tylenol chewable (160mg/tablet): Ibuprofen chewable (100mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school.	permi	ssion. Students are i	not allow	ed to carry	over-the-counter medications in sc	hool. Only
**Dose will be based on weight. Tylenol chewable (160mg/tablet): Ibuprofen chewable (100mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school.	emerç	gency medications c	an be ca	rried with a	healthcare provider order. (Epi-Pen	, inhaler, insulin
Tylenol chewable (160mg/tablet): Ibuprofen chewable (100mg/tablet): Pepto Kids chewable: Benadryl chewable (12.5mg/tablet): Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school.	**Plea	se indicate which me	dication ye	ou are givir	consent for your child to receive whil	e at school.
Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school.	**Dos	e will be based on we	ight.			
Parent/Guardian Authorization: 1. I request that the above medication be given to my child during regular school hours (no after school activities) 2. I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. 3. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. 3. I release school personnel from the liability in relation to the administration of this medication at school.	Tylen	ol chewable (160mg/t	tablet):	lb	profen chewable (100mg/tablet):	
 I request that the above medication be given to my child during regular school hours (no after school activities) I give permission for the medication to be given by the designated personnel as delegated, trained, and supervised by the Licensed School Nurse. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. I release school personnel from the liability in relation to the administration of this medication at school. 	Pepto	Kids chewable:	В	enadryl ch	wable (12.5mg/tablet) :	
	1. I rec 2. I giv superv 3. I aut concer medica 3. I rela	quest that the above me e permission for the me rised by the Licensed So thorize the Licensed Sol ming any questions that ation.	dication be dication to chool Nurse nool Nurse arise with	be given by e. /designee to regard to the	he designated personnel as delegated, tra exchange information with my child's healt listed medication, medical condition, or sign	thcare provider de effects of this
Dana nd/Occandian Cinnadona		t/Guardian Signatur				

Reminder: If your child becomes ill at school, school procedure indicates that he/she must go to the health office for assessment prior to being excused. The school nurse or health office representative will call the parent/guardian as necessary. A call to a parent by the student without following this procedure will be considered an unexcused absence.