

ANNUAL HEALTH CENSUS FORM

FOR STUDENTS ATTENDING MANKATO AREA PUBLIC AND NON-PUBLIC SCHOOLS

(TO BE COMPLETED EACH SCHOOL YEAR TO UPDATE STUDENT HEALTH RECORD)

Student Name: _____ Date of Birth: _____

LAST

FIRST

MIDDLE

School: _____ Grade: _____ School Year: _____

Name of Health Care Provider: _____ Clinic: _____

If you would you like to schedule a conference with the Licensed School Nurse to discuss any health concerns, please contact the Health Service office at your child's school.

Does student have a medically diagnosed condition, such as:

Diabetes	Asthma/RAD	Seizures	Life-threatening Allergy	None
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
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87	87	87	87</	

Other _____ Explain: _____

***REMINDER:** Individual care plan forms for students with chronic health conditions, including life-threatening allergies, asthma, diabetes, and seizures, are available on the Health Service page of the district website.

Does student have any shunt or implant device?

Yes _____ No _____

If yes, explain: _____

Is student taking any medication(s)? Yes _____ No _____ Name of medication(s) _____

Will student take medication(s) at school? Yes _____ No _____

***REMINDER:** All prescription and non-prescription medications at school (including inhaler, insulin, and epinephrine auto-injectors) require a signed Mankato Area Public and Non-Public Schools “Consent for Administration of Medication” form which can be found on the Health Service page of the district website.

ALL MEDICATIONS MUST BE BROUGHT IN BY PARENT/GUARDIAN.

- At the discretion of the Licensed School Nurse/designee, the above health information can be shared with appropriate school and Emergency Response personnel to provide for student's health and safety needs while at school.
- You may refuse to supply the requested personal information; however, it may result in an incomplete health and safety plan for your student.
- If your child rides the school bus, it is your responsibility to inform the bus company of your child's health condition and plan.
- If your child participates in before and/or after school activities, it is your responsibility to inform them of your child's health condition and plan.

Parent/Guardian Signature _____ **Date** _____