# 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 _____

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 <u>PARENT/GUARDIAN</u>.

- 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** _____

*Revised 05/18 dr*