

**Health and Emergency Information – Bloomington Public Schools, ISD # 271
Information for Parents or Guardians**

- 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.
- The school district intends to use the requested information to provide for your child's health and safety while at school.
- You may refuse to supply the requested personal information. The consequence of refusing to provide this information is that the school district might be unable to contact you or the child's medical advisor in case of an emergency.
- 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.
- If we are unable to reach you or your designee during an emergency, we will call 911 for assistance if needed.
- If you have Caller ID and a block on anonymous calls, we may not be able to reach you in an emergency. This could cause delays in treating your child. Please contact your phone service provider to remedy this.
- Please contact your school promptly with any changes of information on this form.

Thank you for your prompt return of this information. It is helpful and necessary to have this in an emergency!

Health Office Emergency Information

(Student Last name) (First name) (Middle) (M/F) (Birth Date) (Grade) (Rm)

(Student's Primary Address) (Street) (City) (State) (zip code)

() () ()

(Parent/Guardian Name) Relationship Code [] home phone work phone cell/pager

() () ()

(Parent/Guardian Name) Relationship Code [] home phone work phone cell/pager

Student Also Lives at This Address

Street City State Zip

Student Lives Here With: Relationship Code [] () () ()

Name: home phone work phone cell/pager

List all names of any children in this same household that attend this same school:

Relationship Code
F - father
M - mother
SP - step parent
FP - foster parent
G - guardian
GP - grand-parent
S - self
N - neighbor

List neighbors or relatives who will assume temporary care of this child if you cannot be reached:

1) Name Relationship Code [] Address () home phone () other phone

2) Name Relationship Code [] Address () home phone () other phone

Daycare or 3rd Name Relationship Code [] Address () home phone () other phone

Medical Information (note: all prescription and non-prescription medications to be given at school require an order from your health care provider)

Physician Name	Phone Number ()	Hospital of Choice:	
Allergies (list all allergies to bee stinging, food, medication, latex, pollens, etc.)	Medical Conditions (asthma, ADD/ADHD, diabetes, seizures, surgeries, chronic conditions, etc.)	Medications (list all medications your child is on, and star [*] the ones given at school)	Immunizations this past year
			<u>Shot Type</u> <u>month/day/year</u>

*For low cost medical and dental and health insurance information, call The Neighborhood Health Care Network at 651-489-2273 (CARE)

Parent/Guardian Signature _____ **Date** _____

Email _____