



Emergency Information and Authorization/Health Concerns Form
2009-2010

You have been asked to supply private information concerning your child at Hillcrest Lutheran Academy pursuant to M.S. 13.03 the school intends to use the requested information to serve your child during an emergency by seeking help from you or people you designate. You may refuse to supply the information, but we will then be limited in our ability to serve your child efficiently and effectively. If we are unable to reach you or your designee in an emergency, we may call 9-1-1 or the police for help with your child. The information you provide may be shared with other staff in the school whose job requires access to this information.

Student's Name: _____ Gender M/F Birthdate: _____
Grade: _____

Contact Information

Parent/Guardian: _____ Parent/Guardian: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Emergency Contact: Occasionally, there is an emergency and the school is unable to reach parents/guardians. Please list below two relatives, friends, or neighbors who know your family and physician so the school can contact someone in case of an emergency. Include one English speaking contact.

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Does your child have any health issues that will require special attention? Behavioral issues, psychological disorders, vision/hearing problems, diabetes, asthma, heart condition, etc. If so please list:

Is your child allergic to anything? If so please list:

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Any other health concerns? _____

List all current medications your child is taking and reason for taking them. _____

List any of these medications that need to be given during the school day (*please see the below stated policy): _____

Does your child have asthma? ___ Yes ___ No ___

Does your child use an inhaler? ___ If so, will the student be carrying and self administering the medication? _____

*Hillcrest Lutheran Academy's health care policies are governed and overseen by Independent School District #544, Fergus Falls Public Schools. The medication administration policy states that medication will be administered in school only when a student's health requires a medication during school hours. If possible, a child should take medications at home (Minnesota Statue 126.201). Medications that are administered at school must be in an up-to-date labeled prescription bottle or in the original container for over the counter medications. Written authorization from the student's parent/guardian and health care professional are required. **If your student is required to take medication during the school day please contact the office (218-739-3371) for the forms required and to be put in contact with the school nurse.**

The above information is correct to the best of my knowledge and I give my consent to share any of the above information with my child's teacher or other appropriate school personnel.

Parent signature: _____ Date: _____