



**STUDENT EMERGENCY, MEDICAL and CONTACT INFORMATION**

**2018-2019**

**MINNEWASKA AREA  
SCHOOLS ISD #2149**

**Elementary  
(Grades K-3)  
409 4<sup>th</sup> S.E.  
Glenwood, MN 56334  
Phone (320) 634-4567,  
Fax (320) 239-1380**

**High School  
(Grades 4-12)  
25122 State Hwy 28  
Glenwood, MN 56334  
Phone (320) 239-4800,  
Fax (320) 239-1362**

**Starbuck Campus/  
Day Treatment  
500 John Street  
Starbuck, MN 56381  
Phone (320) 239-2257,  
Fax (320) 239-1420**

This **EMERGENCY** and **MEDICAL INFORMATION** regarding your child must be updated **EACH SCHOOL YEAR** to help us better serve your student's health needs. **Please completely fill out both front & back sides.**

STUDENT NAME	GRADE	MALE <input type="checkbox"/>	BIRTHDATE	ADDRESS:
		FEMALE <input type="checkbox"/>		CITY: ZIP CODE:
Who does the student reside with:			Relationship to student	
Student's cell phone number SR			Student's email: SR	

**PARENT CONTACT INFORMATION:**

The automated contact system is School Reach (SR). **Check ALL numbers** you want to receive information on. Notifications may include, school closings, special announcements/events, schedule changes, etc.

PARENT(S)/GUARDIAN(S) First Name/Last Name			
FATHER:		MOTHER:	
FATHER cell phone:	SR	MOTHER cell phone:	SR
Father's home phone:	SR	Mother's home phone:	SR
Father's email:	SR	Mother's email:	SR
Father's work place:	SR	Mother's work place:	SR
Father's work phone:	SR	Mother's work phone:	SR

**Race/Ethnic Two-part question:** *By selecting no race you are granting us permission to choose one for you*

<b>Hispanic: choose Yes or No</b> <i>Yes= A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.</i>	NO  YES
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**Choose at least one of the following:**

<b>American Indian (North or South America) or Alaska Native-</b> <i>A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) choosing more than one race will result in a multicultural identification.</i>	
<b>Asian-</b> <i>A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)</i>	
<b>Black or African American-</b> <i>A person having origins in any of the Black racial groups of Africa.</i>	
<b>Native Hawaiian or other Pacific Islander-</b> <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.</i>	
<b>White-</b> <i>A person having origins in any of the original peoples of the Middle East or North Africa.</i>	

**CONTINUED ON BACK**

**EMERGENCY CONTACT and MEDICAL INFORMATION** This should be persons other than parent/guardians. We will try to contact the parents/guardians before we use the emergency contacts unless we are instructed otherwise.

<b>Emergency Contact Person #1 (Not the parent/guardian)</b>	Emergency Contact #1 Phone:
<b>Emergency Contact Person #2 (Not the parent/guardian)</b>	Emergency Contact #2 Phone
<b>Emergency Medical Information:</b>	
Physician	Physician Phone
Dentist	Dentist Phone
Do you have Medical Insurance or Medical Assistance? YES / NO	Name of Medical Insurance or Health Plan:

Does your child have a medical condition that will require supervision or restrict their physical activity? YES / NO

If Yes, please explain:

Does your child take medication/s? YES / NO

If Yes, please explain: (name of medication, dosage, time given, condition being treated)

**Please note:** Parents/guardians must supply and provide all medications (prescription or over-the counter) in the pharmacy/original container. If a student needs a medication in school, a proper authorization has to be in place **PRIOR** to administration. Please refer to the school website: [www.minnewaska.k12.mn.us](http://www.minnewaska.k12.mn.us) for more information and to obtain the required forms. At the website, go to District → Minnewaska Health and Services. You may also contact the school to obtain the required medication form.

Has your child had any complaints of or been medically treated for any of the following? Please be specific and include approximate date, current treatment, and present condition.					
ALLERGIES	YES	NO	PHYSICAL HEALTH	YES	NO
Food (please note)			Chronic Disease or Illness (please explain)		
Medication (please note)			Diabetes		
Pollen/Hay fever			Eyeglasses/Contacts		
Animals/Bee Sting (please note)			Hearing Loss		
Severe Allergic Reaction/Anaphylaxis (please note)			Heart		
Allergy Shots			Kidney		
Allergy Medication (please note)			Orthopedic		
Asthma			Skin conditions		
Needs Asthma Inhaler in school? <b>(Parent/Guardian must provide)</b>			Seizure Disorder		
Needs Epi-Pen at school? <b>(Parent/Guardian must provide)</b>			Broken Bones/History of Surgery (please explain)		
OTHER:			Behavioral		

I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that Minnewaska Area Schools does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.