



# Dassel - Cokato District Office

4852 Reardon Ave. SW, Suite 1700 ■ Cokato, MN 55321

320-286-4100 ext. 1000 ■ www.isd466.org

## HEALTH & EMERGENCY FORM

**PLEASE NOTE, ONLY ONE FORM IS NEEDED PER FAMILY**

Parent/Guardian Last Name:

Parent/Guardian First Name:

If you have a change of address, phone number, email address, etc., please contact the office.

### Household Information

Please describe any health concerns and/or medication information for each student.

For example: Allergies, Asthma, Diabetes, Mental Health, Seizures, Sensory Impairments, etc.

| Student Name<br>(list all student(s) in household) | D.O.B. | School<br>(CE, DE,<br>MS, HS) | Health & Medication Information: Specific Concern or None |  |
|--|--------|-------------------------------|---|--|
|  |        |                               | <input type="checkbox"/> None                             |  |
|  |        |                               | <input type="checkbox"/> None                             |  |
|  |        |                               | <input type="checkbox"/> None                             |  |
|  |        |                               | <input type="checkbox"/> None                             |  |
|  |        |                               | <input type="checkbox"/> None                             |  |
|  |        |                               | <input type="checkbox"/> None                             |  |

Emergency Contact(s) Information is the same as last school year.

If you check this box, no further information is needed. Please sign below.

Emergency Contact(s) Information has changed.

If you check this box, please update information below as needed and sign below.

### Emergency Contact Information

**Parents/guardians will ALWAYS be contacted first in emergency situations.**

**If you cannot be reached**, the contacts provided below are the only ones that may transport or care for student(s). In case of serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses.

#### Additional Emergency Contact (NOT Parent/Guardian)

Last Name:

First Name:

Home Phone Number:

Cell Phone Number:

Work Phone Number:

Relation to Student(s): Emergency Contact and  Aunt/Uncle  Family Friend  Grandparent  Neighbor  Step-parent  Sibling

#### Additional Emergency Contact (NOT Parent/Guardian)

Last Name:

First Name:

Home Phone Number:

Cell Phone Number:

Work Phone Number:

Relation to Student(s): Emergency Contact and  Aunt/Uncle  Family Friend  Grandparent  Neighbor  Step-parent  Sibling

### Parental Consent

If considered necessary by school nurse, this health information may be shared with other school personnel:  Yes  No

I certify that all information on this form is correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This information is confidential and is for health office use only.