



**EMERGENCIES:** Does your child have a health problem that could result in an emergency?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS TAKEN EVERY DAY OR WHEN NEEDED**  
(This section does not serve as a medical order for medication administration.)

List **ALL** medications that your child takes.

| Medication Name | Reason | Dose  | How often taken? |
|-----------------|--------|-------|------------------|
| _____           | _____  | _____ | _____            |
| _____           | _____  | _____ | _____            |
| _____           | _____  | _____ | _____            |

If your child needs to take medication at school, please consider the following:

1. A consent form is **REQUIRED** for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the licensed school nurse.
2. The consent form must be signed by both **HEALTH CARE PROVIDER** and **PARENT**. A new consent is needed each school year.
3. Forms are available in the health office and on the Edina Public Schools website [www.edina.k12.mn.us/support/healthservices](http://www.edina.k12.mn.us/support/healthservices).

Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to provide for the health and safety of your child the above information may be shared with school staff working with this student and with Emergency Response Personnel in the event that 911 is called.

Parent / Guardian name: \_\_\_\_\_  
(Print Name)

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(month/day/year)

**6<sup>th</sup> Graders Only**

Immunizations received this past year (Date received): Td \_\_\_\_\_ MMR \_\_\_\_\_ Chickenpox (Varicella) \_\_\_\_\_  
Hep. A \_\_\_\_\_ Hep. B \_\_\_\_\_ Menactra (Meningitis) \_\_\_\_\_

The school district intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health and safety plan for your child. 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 and school success.