



Benilde-St. Margaret's

A Catholic, college preparatory school, grades 7 - 12

St. Louis Park Non-Public Schools Health Services ANNUAL STUDENT HEALTH INFORMATION

To be completed by Parent/ Guardian each school year

Student Name: _____ Birth Date: _____ Boy Girl Grade: _____

Health or Disability Concerns Put a ✓ if your child has any of these concerns and explain:

No Health Concerns

Allergic Reactions to be aware of at school (to what?) _____
(Describe reaction) _____

Asthma or other breathing problems _____

Attention Disorder _____

Diabetes Type 1 Type 2 Insulin Injections Insulin Pump

Heart Problem (describe) _____

Hearing: Loss: right ear left ear Hearing Aids: right ear left ear

Vision: Wears glasses / contacts wears in classroom only lost / broken does not wear

Neurological _____

Seizures: Type: _____ Date of last seizure: _____

Recent surgery or hospitalization: Explain _____

Social / Emotional / Behavioral concerns _____

Other health concerns or additional health information _____

Emergencies: Does your child have a health concern that could result in an emergency?

Yes No If Yes, explain: _____

Medications: List ALL medications that your child takes every day or when needed.

Consent forms are required for ALL medications at school and are available from the health office.

Name of Medication	Purpose	Dose	How often taken

Parent/Guardian Signature: _____ Date: _____

Parent contact: _____
Name Home phone Work Cell

Clinic/Doctor Name: _____ Phone Number: _____

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 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. (MS Section 13.04, Subdivision 2)