



HASTINGS PUBLIC SCHOOLS

Student Health Information

Please return this form to the health office at your student's school

Student Name (last, first, middle)			
Grade		Date of Birth	

Health Information

Current Health Conditions (asthma, life threatening allergies, diabetes, seizures, etc):

Current Medications:

Recent Immunization Updates

(If your student is new to the district, please complete the student immunization form from our website.)

Date

Meningococcal

Hep A

HPV

Tdap

Influenza

Other

Parent/Guardian Signature:

Date:

If needed, our procedure will be to contact the parent first. You will be asked to pick up your child and provide proper care. If we cannot reach you, we will call the emergency contacts provided by you and ask them to care for your child. In an extreme emergency, 911 will be called and your child will be taken to the appropriate hospital. The cost of this will be covered by the parent.

Pursuant to MN Statutes 13.04, Subd. 2, you are hereby informed that the information supplied on this form may be used by transportation personnel that have a need to know the information. In the event of an emergency, the information supplied may be shared with other public and private individuals including, but not limited to law enforcement, doctors or paramedics.

REV: 5/2018