



# Glencoe-Silver Lake Public Schools

Independent School District #2859

*Proudly serving the communities of Biscay, Brownton, Glencoe, New Auburn, Plato, and Silver Lake*

GSL School District Health Services

## 2019-2020 GSL Emergency Student Health Information Survey

*\*Please return to your child's school health office as soon as possible.*

**Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Primary Physician** \_\_\_\_\_ **Clinic** \_\_\_\_\_ **Phone** \_\_\_\_\_

Emergency Contacts (include parents/guardians)	Relationship	Home Phone	Cell Phone	Work Phone	Email
1.					
2.					
3.					
4.					

### Section 1: No Health Problems \_\_\_\_\_

### Section 2: Serious Health Concerns—check all that apply

\_\_\_ Asthma  
\_\_\_ Diabetes  
\_\_\_ Severe allergy → Allergic to \_\_\_\_\_  
\_\_\_ Seizures → Type of seizure \_\_\_\_\_  
\_\_\_ Other → Explain \_\_\_\_\_

### Section 3: Medication – check all that apply

\_\_\_ Insulin/glucagon → \_\_\_ Student carries \_\_\_ Located in school health office \_\_\_ not needed at school  
\_\_\_ Insulin pump → \_\_\_ Student carries \_\_\_ Located in school health office \_\_\_ not needed at school  
\_\_\_ Inhaler → \_\_\_ Student carries \_\_\_ Located in school health office \_\_\_ not needed at school  
\_\_\_ Epi-Pen → \_\_\_ Student carries \_\_\_ Located in school health office \_\_\_ not needed at school  
\_\_\_ Diastat → \_\_\_ Located in school health office \_\_\_ not needed at school  
\_\_\_ Medication Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_  
\_\_\_ Medication has been provided to school \_\_\_ Medication **not** needed at school

*\*A medication administration form, with physician orders, must be completed each year in order for the health office to administer any medications to your child.*

### Section 4: Release of Information

I understand that by signing below this authorizes the LSN or health assistant in the building my student attends to contact my physician regarding this plan. The nurse will also provide a copy of this plan to appropriate school personnel as is necessary for my child's safety and well-being. I understand that health services are available to my child during the academic school day only, not before or after. I will also keep the school district updated of any changes to this plan or contact information.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

District Office – 1621 E 16<sup>th</sup> St. Glencoe, MN 55336 – 320-864-2499 Fax 320-864-6320  
Glencoe-Silver Lake Jr/Sr High School (Grades 7-12) – 1825 E 16<sup>th</sup> St. Glencoe, MN 55336 – 320-864-2400 Fax 320-864-6475  
Lakeside Elementary (Grades 3-6) – 229 Lake Ave. Silver Lake, MN 55381 – 320-864-2500 Fax 320-327-3122  
Lincoln Elementary (Grades K-2) – 1621 E 16<sup>th</sup> St. Glencoe, MN 55336 – 320-864-2666 Fax 320-864-2682