

# Madelia Public School District #837

## Medical Information Form

Please Print Clearly

Student Name:

Date of Birth:

Grade:

Please indicate if your child has been diagnosed with any of the following medical conditions:

ADD/ADHD	No	Yes	Anxiety	No	Yes
Depression	No	Yes	Cancer	No	Yes
Cardiac Condition	No	Yes	Dental Problems	No	Yes
Diabetes	No	Yes	Seizure Disorder	No	Yes
Seasonal Allergies	No	Yes	Gastrointestinal Disorder	No	Yes
Asthma	No	Yes	Migraines/Headaches	No	Yes

If yes, will an inhaler be kept at school? No Yes

Other:

\*\*If your child has asthma please attach a copy of your child's Asthma Action Plan.

Food Allergies No Yes- Please list the **food & reaction**:

A "Special Diet Statement" form must be completed by a health care provider if food substitutions are needed .

Other Allergies: No Yes- Please list the **allergen** (pollen/dander/dust/etc.) & **reaction**:

**\*\* If an Epi-Pen is needed\*\*** please have your physician complete an Allergy Action Plan.

Student has medical insurance? ☐ No ☐ Medical Assistance/ Minnesota Care ☐ Yes: \_\_\_\_\_

Last Physical & Where:

Date

Doctor/Clinic Name

Immunization Status: ☐ Complete ☐ Incomplete ☐ Unsure (please be sure to sign MIIC Consent to Share Form)

Complete Vision Exam: No Yes: \_\_\_\_\_ (month/year) Wears Contacts/Glasses: No Yes - \_\_\_\_\_

Hearing Impairment: No Yes: ☐ Formal assessment/treatment in progress ☐ No formal assessment done

List/Expand on any major medical conditions and/or surgery that your child has/had: \_\_\_\_\_

Any specialty (physical/mental/emotional) therapies or strategies that we should be aware of: \_\_\_\_\_

Please list all medications your child takes (include over-the-counter medications):

(Please see the medication administration forms located on the school website under Health Office)

Medication Name Dosage Time/s(AM/PM) Reason


Primary Care Physician & Clinic

Doctor's Name:

Clinic Name:

Clinic Phone:

### Emergency or Illness Contacts

In case of an injury or illness, please list contacts **in the order we should attempt calling, including parents/guardian.**

Name:	Phone Number/s: indicate - work (w), cell (c), home (h), etc.	Relationship:
1		
2		
3		
4		

In the event of illness or emergency, our procedure will be to notify the first person we are able to contact on the list above. If no one is able to be reached (or calls back) & the situation is deemed emergent by staff: 911 may be called to transport your student to the nearest appropriate facility.

Parent Signature: \_\_\_\_\_

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

**Additional medical information forms on the school website under Schools/Health Office.**

Last Updated: 5/2022