



Minnetonka Public Schools Annual Verification of Health Information School Year 2015 - 16

Student Information				
Last Name	First Name	Middle Name	School	Grade
Medications				
(Refer to Minnetonka School District Policy #516 – Student Medication)				
Medications given at home and for what reason:				
Medications given at school and for what reason:				
Health Issues and Conditions				
Acute illness, injuries or operations this past year. Explain and please list dates:				
Past Health Issues – Explain:				
Current Health Issues – Explain:				
Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:				
My student is carrying his/her own inhaler (physician’s note required): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:				
My student is carrying his/her own emergency epinephrine (physician’s note required): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Activity Restrictions:				
Glasses or Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing/Ear Concerns:		
Immunizations received during the past year – please list type and (mo/day/yr):				
Physician and Clinic Information				
Physician:		Clinic:		Clinic Phone:
Hospital Preference:		Dentist:		Dentist Phone:
For Your Information				
Hearing, vision and scoliosis screening are provided for students according to state guidelines.				
State law which requires that the School District keep health records of each school-age child. The information you supply will be used by the School District to address health and safety issues pertaining to your child. Updated emergency contact information is important so that the School District is able to contact you in a timely manner if an emergency should arise. You are not legally required to supply this information and may refuse to provide it. If you do not provide the requested information, in whole or in part, the School District may not be able to fully address health and safety concerns pertaining to your child at school.				
The data you provide is classified by the School District as private educational data. This data may be shared with health service staff, administration and other staff members who have a legitimate educational interest in the information. Any private data you provide may be shared with other persons or entities only where proper consent is provided, or as otherwise required or permitted by State or Federal law.				
If you have any questions regarding the completion of this form, please contact the school health office.				
Signature				
Parent/Guardian Signature				Date: