

**Student or parent MUST submit this Health/Emergency Form before the first day of school.**

Print out a copy of this form, fill it out, and deliver it to the Nurse's Office in person, by fax, 651-777-8633, or email, tkoppen@moundsparkacademy.org. Your privacy will be protected.

Sec. form

**MOUNDS PARK ACADEMY / ISD 622 ANNUAL HEALTH & EMERGENCY INFORMATION**

Date: _____ Custody Issue*: _____ see below, if checked	Resides with [ ] Mom [ ] Dad [ ] Both [ ] Other	Health Issue (office use only)
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Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last (legal) First M (M/F)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Father/Guardian Student Resides with (Print) Place of Employment Work Phone # or Cell/Pager

Mother/Guardian Student Resides with (Print) Place of Employment Work Phone # or Cell/Pager

Name of Non-Custodial/Biological Parent (Print) Place of Employment (Area Code) Day Phone Number

Emergency contact(s) if Parent(s) cannot be reached. (Print) Relationship (Area Code) Day Phone Number

Please list any health concerns, problems, medications taken at home and school, and restrictions that should be brought to the attention of the nurse. Use back of this sheet, if needed.

_____ Parent (Father) or Guardian Signature	_____ Parent (Mother) or Guardian Signature
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Family Doctor/Clinic: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Hospital Pref: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

List the DAY, MONTH, and YEAR of any immunization your student has received **in the last year**:

Tetanus diphtheria (TD): \_\_\_\_/\_\_\_\_/\_\_\_\_ MMR: \_\_\_\_/\_\_\_\_/\_\_\_\_ HepB 1) \_\_\_\_/\_\_\_\_/\_\_\_\_ 2) \_\_\_\_/\_\_\_\_/\_\_\_\_ 3) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Vericella:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Please note:** The information on this form will be requested annually and will be made available to appropriate staff members. In case of EMERGENCY our procedure will be to attempt to contact the parent(s) at home or at work. The Paramedics or local police may be called for assistance. Your child may be taken to the nearest hospital for emergency service if no other arrangements have been made.

**\*If Custodial issues are involved, please provide the information requested below:**

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealings with, the student names above? \_\_\_\_ Yes \_\_\_\_ No **If yes, a copy of decree needs to be on file at the school.** Please send it to the Head of School.

If separated or divorced, which parent(s) or person has legal custody of student?: Mom \_\_\_\_ Dad \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_

May we contact non-custodial parent in emergency? Yes \_\_\_\_ No \_\_\_\_ **If no, a copy of the decree needs to be on file at school.**

Is student allowed to leave with non-custodial parent? Yes \_\_\_\_ No \_\_\_\_ **If no, a copy of the decree needs to be on file at school.**