**Laporte School District #306**

**Emergency Contact and Medical Information Form 2020-2021**

***Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_***

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:** Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allowed to Take Child Home: ⃝ YES ⃝ NO

How would you like to be contacted during day: ⃝ Text ⃝ Email ⃝ Phone

**ALLERGIES: ⃝** Yes ⃝ No Allergic to: ⃝ Medication ⃝ Food Please list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⃝** *Food Allergy documentation completed by primary care provider and on file in health office.*

**ASTHMA: ⃝** Yes ⃝ No **USES: ⃝** Nebulizer ⃝ Inhaler-Triggers please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child on any medications? ⃝ Yes ⃝ No If yes please list medication, dose, frequency and possible side effects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:**

Over the counter-OTC medications will be administered to the student if they *are provided by the parent* and if the appropriate form has been signed by the parent and is on file in the health office. This signature outdates in a year and must be updated each school year. The forms are available online and in the school health office.

* Children’s doses will be given appropriate for the age/weight unless written permission from physician is received.
* High school students will be allowed to self-carry and self-administer pain relieving or fever reducing medications if the appropriate form has been signed by a parent, the student and the nurse. This applies pain and fever medication and not any other type of medication.
* Rx for the student requires signature from the physician and the parent on the appropriate form. The Rx must come from the pharmacy in the labeled pharmacy container. See back page for more info.

Primary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital preference in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Medical History: (major illness, surgeries, injuries, activity restrictions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have reviewed and signed both sides of this document and am in agreement with the medication policy and the first aid routines.*

Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Laporte School Medication Policies**

\*All medication must be supplied by the parent/guardian. Minnesota law prohibits schools dispensing "stock" medications to students.

\*Student doses will be given appropriate for age/weight unless written a written order from a physician is received.

\*The OTC form can be filled out in the office or by printing it off of the "Forms" tab to your left

\*Medications are not to be sent via backpacks in our best attempts to keep all students safe

\*All medications need to come in their original container, sealed and with the student’s name on it

\*High school students will be allowed to self-carry and self-administer pain relieving or fever reducing medications if the appropriate form has been signed by a parent, the student and the nurse. This form can also be found under the "Forms" tab to your left. This applies only for pain and fever medications and not to any other type of medication.

**Rx**

\*The appropriate form must be filled out and signed by parent and the prescribing DR will be faxed for their order & signature

\*Medication is NOT to be sent via backpack to ensure all students safety

\*The Rx form can be found in the RN office or under the "Forms" tab to your left.

\*Emergency medication such as Epi Pen & Inhalers can be kept with High School students as long as the required form has been filled out by parent, student, RN, and DR. This form can be found in the RN office or under the "Forms" tab to your left.

**First Aid Routine**

Please visit the schools website <https://www.laporte.k12.mn.us/> click on the “nurse” section under “offices” for more information regarding first aid practice and routine done during school hours.

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