

Lester Prairie Schools ISD 424 Student Health Inventory

Student Name: _____

Date of Birth: _____ Gender: _____ Age: _____

This information is needed to help keep your child safe at school. If your child has a life threatening health condition it is the parent/guardian's responsibility to notify the school prior to the child's first day so that a plan of care can be developed. If your child has been diagnosed by a healthcare provider with any of the following, Please check YES and explain. Note that concerns that are starred require an Individual Health Plan.

Health Concern	Yes	Health Concern	Yes	Health Concern	Yes
Asthma**		Head Injury		Bladder/Kidney	
Severe Allergies**		Heart/Blood		Stomach/Bowels	
Diabetes**		Muscles/Bones		Immune	
Seizures**		Skin		Developmental	
Dietary Restrictions		Emotional/ Behavioral		Other	

Please explain: _____

Does your child	Yes	Circle
Wear glasses?		Distance Reading
Wear contacts?		Distance Reading
Wear hearing aids?		Left Ear Right Ear

Has your child had?	Yes	Has your child had?	Yes
Serious Illness?		Mental Health Treatment?	
Surgery?		Chemical Health Treatment?	
Other disabilities or limiting conditions?		Other disabilities or limiting conditions?	

Please explain: _____

Does your child currently take any medications? YES NO If yes, please complete.

Medication	Dose	Time(s)	Reason	Side Effects	Prescribing Physician

ISD 424 requires written authorization from a licensed health care provider and parent before medication may be taken at school. *See health office for forms.*

I understand that the information provided above will be shared in a confidential manner with appropriate staff members who need to know in order to provide for the health and safety needs of my student. I will keep the school informed of any changes. Information provided on this form is true and accurate.

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____

