



Shakopee Public Schools Annual Student Health Update

District office
1200 Town Square,
Shakopee, MN
55379

Each year the District asks parents to update student health records to ensure that Health Services staff is providing proper services. The information provided below may be shared with staff involved with your student's education. Please return this form to your child's school as soon as possible. If you have any questions, please call the Supervisor of Health Services at 952-496-5070.

Student's Name: _____ Date of Birth: _____ Sex: Male Female

School: _____ Grade: _____ Date: _____

Individual Student Health Information & Update	Yes	No
1. Does your child have a medical diagnosis? What is the diagnosis? _____		
2. Has your child received any immunizations in the last year? Type of Immunization _____ Date Received _____ Name of Clinic _____ (or attach a copy of the immunizations).		
3. Has your child been seriously ill or hospitalized since the last school year? If yes, name the illness or reason for hospitalization (be specific) _____ If yes, is he/she still under care of a physician? If yes, physician's name _____		
4. Are there health services needed in school? The services needed are: _____		
5. Does your child have allergies? If yes, what is your child allergic to? _____ What is the typical reaction? _____ What medications are used? _____ What restrictions are required for school? _____ NOTE – If your child has a food allergy, please provide a Dr. note to the health office and contact the Shakopee Food Service office at 952-496-5140. If the allergy is life-threatening , please ask your Dr. to complete an Allergy Action Plan form, available in the health office at your child's school or on the district website. Supply emergency medications to your child's school health office. If your child is in elementary School, do you want your child to sit at an Allergy -Aware table in the cafeteria?		
6. Does your child have any dietary restrictions / needs? What medications are used? _____ Contact the Shakopee Food Service office at 952-496-5140		
7. Does your child have asthma? If yes, list the medications used. NOTE – Ask your Dr. to complete an Asthma Action Plan form available in the health office or on the district website. Supply medications to your child's school health office.		
8. Is your child taking any medication on a regular basis? If yes, please name medication and reason: _____ _____ Does this medication need to be administered at school? (If yes, please complete an "Administration of Medication at School" form available in the health office of your child's school or on the district website).		
9. Has your child had any vision problems? If yes, please explain _____ Does your child wear glasses or contacts?		
10. Has your child had any hearing problems? If yes, please explain _____		
11. Does your child have any restriction on physical activity? If yes, please explain _____		

Note: Call the health office at your child's school for questions /concerns about your child's health.

Parent Name (Print) _____

Parent Signature _____ Date _____