

Chokio-Alberta Annual Student Status Update

Child's Full Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name:	Parent's/Guardian's Name:		
Place of Employment:	Place of Employment:		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Email:	Email:		
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		
*Cell phone# ()	*Cell phone# ()		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Health Information

*** Please list any immunizations your child as received in the last 12 months!**

(DPT)_____ (Td)_____ (OPV)_____ (HBV)_____ (MMR)_____ (Hib)_____ (Others)_____

Is your child currently taking medication? (Please Specify name, dosage, and condition.)

Please list any significant illnesses, injuries, or surgical procedures your child has had within the last 12 months or any chronic condition still in existence (for example: rheumatic fever, heart murmur, asthma, bone condition, kidney disease, contagious disease, convulsion disorders, diabetes, etc.)

Are there any restrictions of his/her activities?

Does your child have any vision problems, or hearing deficiency?

Specify any allergic reactions: Bee sting_____ Penicillin_____ Other drugs_____ Pollen_____ Food(specify)_____

Others:

PLEASE NOTE THAT NO MEDICATION IS DISPENSED AT SCHOOL FOR COMPLAINTS OF HEADACHE, FEVER, SORE THROATS, OR UPSET STOMACH. NO OTHER MEDICATION IS GIVEN FOR AN ACUTE ILLNESS OR CHRONIC CONDITION WITHOUT A SIGNED STATEMENT BY THE PARENT AND PHYSICIAN'S ORDER. MEDICATION MUST BE IN THE ORIGINAL CONTAINER AT THE SCHOOL BUILDING. IF POSSIBLE, A CHILD SHOULD TAKE MEDICATION ONLY AT HOME. (Minnesota Statute 126.201)

Parent's/Guardian's Signature

Date Completed

Notice of Non-discrimination

Chokio-Alberta Public School District does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability in its programs and activities.