



Harbor City International School Health Information Form

**Parent/Guardian- Please complete all of the items on this form and return with the other forms.
Call 722-7574 x311 with any questions. Thank you!**

Student's Last Name	First Name	Middle Name	Suffix-Jr. etc
Grade entering Fall 2017:	Gender: Male Female	Date of Birth:	
Doctor's Name and Phone Number:			
Dentist's Name and Phone Number:			
Does the school have your permission to call the doctor/dentist or ambulance if needed? Yes No			
Hospital of choice, please circle one. St. Luke's Essentia Health			

<p>Is your child on any medication? If yes, please list the medication and reason:</p> <p><i>If your child needs medications distributed at school, you must have a medication distribution form signed by a doctor. Please call or visit the office for the form. nurse@harborcityschool.org with questions.</i></p>	
<p>Any allergies or special health/mental health concerns, problems/alerts or unusual health habits? If yes, would you be willing to please explain?</p>	
<p>Any serious illness, surgery, hospitalization or accidents within the past year? If yes, please explain.</p>	
<p>Please supply an immunization record (fill out form) or contact your healthcare provider for a copy. We must complete an annual immunization report to the state so this data is very important. Thank you for your assistance.</p> <p>Our school nurse is Candace Ginsberg. Records may be sent to nurse@harborcityschool.org or faxed to 218 625-6068.</p>	
Parent/Guardian Signature:	Date:
Relationship to student:	Phone number: