



**ANNUAL HEALTH & ENROLLMENT INFORMATION 2020-2021**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 (Last) (First) (Middle)

Primary Mailing Address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 (PO Box, Street, etc.) (City, State, Zip)

Primary Physical Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 (If different from mailing address)

**Family #1:**

Primary Guardian #1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Primary Guardian #2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Family #2 (if applicable):**

Guardian #1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Guardian #2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

**Other Children in the Home:**

<u>Name</u>	<u>Grade (if in school)</u>	<u>Birth date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Laptop, Internet and Media Center Use:**

Do you have internet at home for eLearning or distance learning? YES \_\_\_\_ NO \_\_\_\_

Do you need a school issued computer/device for distance or eLearning? YES \_\_\_\_ NO \_\_\_\_

I have read and agree to the stipulations set forth in the Technology section of the student handbook (Student handbook can be found online [www.pelicanrapids.k12.mn.us](http://www.pelicanrapids.k12.mn.us)) regarding the laptop, internet and media center use.

**Media Release:**

I give my permission to use my child(ren)'s photo in media (newsletters, school website, local newspaper, Facebook) for purposes of public awareness, education or recruitment. Yes \_\_\_\_ No \_\_\_\_

**Alternate contacts:**

*It is very important to have an alternate contact person in case your child needs to be sent home due to medical reasons and a parent is unavailable.*

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Student's Health Information:**

Physician's name: \_\_\_\_\_ Dentist's name: \_\_\_\_\_

Has your child been diagnosed with any of the following:

Asthma \_\_\_\_ Allergy \_\_\_\_ Depression \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_

If other, please describe: \_\_\_\_\_

List any major illnesses, injuries, or operations that have occurred in the last year:

Does the student wear:

Glasses: Yes \_\_\_\_ No \_\_\_\_ Contacts: Yes \_\_\_\_ No \_\_\_\_ Hearing aids: Yes \_\_\_\_ No \_\_\_\_

Does the student use equipment such as a wheelchair?

Yes \_\_\_\_ No \_\_\_\_ Please describe: \_\_\_\_\_

Has a physician placed any restrictions on the student's activities?

Yes \_\_\_\_ No \_\_\_\_ Please describe: (ie: swimming, gym, dietary) \_\_\_\_\_

Does the student's health condition require an emergency drug?

Yes \_\_\_\_ No \_\_\_\_

Does the student take a medication daily?

Yes \_\_\_\_ No \_\_\_\_ As needed? Yes \_\_\_\_ No \_\_\_\_

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Will the student require medication during the school day?

Yes \_\_\_\_ No \_\_\_\_

## **Medication**

Parents are required to furnish all medication for their child. The administration of prescription and nonprescription medication in the elementary school requires a completed Medication Authorization form signed by the student's parent and the physician prescribing the medication. The administration of prescription medication in the high school requires a completed Medication Authorization form signed by the student's parent and the physician prescribing the medication. Over the counter medication use for secondary students requires written parental/legal guardian authorization on file at the health office. The school health office personnel should be notified of any change in the student's health status during the school year.

## **Release of Information**

It may be necessary at times to share pertinent health information about your child with school staff in order to provide adequate accommodations to promote a positive learning environment. Please notify the school nurse if you have any concerns or specific things you do not want released to staff members. Only necessary information will be released.

## **Emergency Information**

In the case of emergency, Pelican Rapids School personnel will contact the parent at home or at work. If parents cannot be reached, the above designated persons will be called. When this is not possible, an ambulance or police will be called to transport your child to the nearest health care provider or your designated provider.

## **Sharing Immunization Data with Registry**

Minnesota law allows for the sharing of immunization information between schools, health care providers, and public health agencies. One way we do this is by each of these entities contributing the immunization records we have to one computer system that is available only to us, called the Minnesota Immunization Information Connection. This system is operated by the Minnesota Department of Health and contains only basic name and address information plus vaccines names and dates. It is used solely to help prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (Minn. Stat. §144.3351) to receive it.

*I authorize School District 548 to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain during the 2020-2021 school year.*

I do authorize \_\_\_\_\_ I do not authorize \_\_\_\_\_

# Ethnic and Racial Demographic Designation Form

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

**[You must select “yes” or “no” to this question.]**

**Yes** [If yes, go to Question A.]

**No** [If no, go to Question 1.]

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

Go to Question 1.

**[Select “yes” to at least one of the Questions (1-6) below.]**

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** [If yes, go to Question 1a.]

**No** [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

Go to Question 2.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_