



# COLOGNE ACADEMY

## ANNUAL EMERGENCY CONTACT/HEALTH CENSUS

**Please complete one form per student, sign, date and return to the school.**

(Additional Annual Emergency Contact/Health Census forms can be found at the Cologne Academy website at [www.cologneacademy.org](http://www.cologneacademy.org) )

- We ask that you complete this form at the beginning of every school year to ensure that we have the most current information on your child, although information may have been disclosed in previous years, please note all information needed on this form.
- Cologne Academy intends to use the requested information to provide for your child's health and safety while at school.
- The information you provide will be shared only with staff of Cologne Academy whose jobs require access to this information to ensure your child's safety.
- Please contact the Health Services promptly with any changes of information on this form.

### Emergency Contact Information

Student's Last/First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address/ City/Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_  
 Student's Siblings/Grade: \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian** (If work number will connect with voicemail, please list an alternative number at your place of employment)

1<sup>st</sup> Contact: \_\_\_\_\_ Relationship; \_\_\_\_\_ home Phone: \_\_\_\_\_  
 Home Address (if different than above: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ pager/Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**If a parent or guardian cannot be reached, list 2 people** (within a 60 minute response time that have parental permission to pick up student) **to contact in case of illness, injury, or other emergency:**

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

Additional information used by the school. This information is not required.

Status of Parents:  Married  Separated  Divorced  Remarried  Spouse Deceased

Child Lives With:  Mother  Father  Foster Parent  Guardian  Grandparent

The following information is needed to better serve our student's health and educational needs. If there have been any recent changes in the family setting, please comment and express your concerns.

**Please do not forget to complete, sign and date the other side! Thank you. →**

School Nurses Tammy Shore RN and Joy Holder RN,LSN [Nurse@cologneacademy.org](mailto:Nurse@cologneacademy.org) or **952-466-4002**

**Student Health Information**  
**Must be Updated Yearly and Returned to your school ASAP**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

To insure the health and safety of your child this information may be shared with school district staff or emergency personnel based on a need to know.

Health Concerns	Yes	No	Medication (Name, dosage)	Necessary Monitoring in School	Comments or Describe
Asthma/ Respiratory				Inhaler at School? Y N	
Severe Allergies				Food Latex Insects	Type of reaction:  Date of Last reaction:
Diabetes					
Head Injury					
Seizures/ Neurological					Type and date of last episode
Heart/ Blood					
Muscles/Bones/ Joint/Skin					
Bladder/Kidney					
Stomach/ Intestine/Bowels					
Immune Problems					
Emotional/ Behavioral					
Hearing Concerns				Hearing Aide? Preferential seating?	
Vision Concerns				Glasses or Contacts? Reading Only?	
Growth/Nutrition Concerns					
Developmental Concerns					
Other Health Concerns					

If your child becomes ill or injured, the school will attempt to call the parent/guardian at home or at work. If you cannot be reached, the school will attempt to call the emergency contact. In case of serious accident/injury/illness, 911 will be called if necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_