



**White Bear Lake Area Public Schools**

Normandy Park Education Center 2482 E County Road F White Bear Lake MN 55110

**2017-2018 HEALTH AND EMERGENCY SUMMARY FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address, City \_\_\_\_\_ Primary Phone \_\_\_\_\_

Teacher: \_\_\_\_\_ Days Attending: \_\_\_\_\_

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My child has the following health conditions/allergies

Is there a condition present that could result in an emergency? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please describe:

Are there any restrictions on your child's activities? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please describe:

|                       |
|-----------------------|
| Health care provider: |
| Hospital Preference:  |

In Case of an Emergency, please call:

**Parent/Guardian #1:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Daycare or Emergency Contact (other than parent/guardian):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_