



Buffalo - Hanover - Montrose Schools HEALTH AND EMERGENCY FORM

Office Only:
School Year in effect:
20__ / 20__

Student Name

Student Information

Grade _____ Gender _____ Birthdate _____ Teacher _____

Parent/Guardian

(Primary residence/custodial parent)

Check for unlisted phone number

Name	_____	Relationship	_____
Address	_____	City/State/Zip	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Other Phone	_____
E-Mail #1	_____	E-Mail #2	_____

Parent/Guardian

(Primary residence/custodial parent)

Check for unlisted phone number

Name	_____	Relationship	_____
Address	_____	City/State/Zip	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Other Phone	_____
E-Mail #1	_____	E-Mail #2	_____

Emergency Contact (other than parent/guardian - parents will be notified first for illness/emergency)

First Contact	_____	Second Contact	_____
Relationship	_____	Relationship	_____
City	_____	City	_____
Phone	_____	Phone	_____

PLEASE NOTIFY THE SCHOOL IF ANY OF OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR

This is a one time permission that will follow your child while enrolled in Buffalo Hanover Montrose Schools. Should you change your mind, please notify your child's school in writing.

I have received "Minnesota Department of Health Potassium Iodide (KI): What it is and what it does".

My Child MAY MAY NOT

receive potassium iodide at the recommended dose as directed by the Minnesota Department of Health in the event of a Nuclear Incident at the Monticello Nuclear Power Plant.

My child has a known iodine allergy Yes No

**Please note, students without completed permission forms WILL NOT be offered KI in the event of a nuclear incident.

Signature _____ Date _____
Parent/Guardian

PLEASE COMPLETE BOTH SIDES



