



HEALTH AND EMERGENCY FORM

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

Student Name

Student Information

Grade	Gender	Birthdate	Teacher
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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 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 THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR

*The following 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
Parent/Guardian

Date

PLEASE COMPLETE BOTH SIDES



