



**Health & Emergency Information  
For Youth Accompanied by an Adult  
In a Summer Family Program**

**Return completed form at least three weeks before arrival to  
Concordia Language Villages Health Services  
8630 Thorsonveien NE – Bemidji, MN 56601**

Session code: \_\_\_\_\_

Villager  
Name: \_\_\_\_\_  
First Initial Last

Birth \_\_\_\_\_  Male  
 Date: \_\_\_\_\_ Sex:  Female  
Month Day Year

Custodial Parent,  
Guardian: \_\_\_\_\_  
First Initial Last

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Used if we have questions before you arrive.

Arrival date: \_\_\_\_\_

About health services during this program:

- Accompanying parents/guardians are responsible for their child’s healthcare, including oversight and security of medication(s) brought to the program.
- This child – accompanied by an adult family member – may access care at the Village Health Center should need arise. Hours are posted on the Health Center door.
- Should this child need the attention of a physician, the accompanying adult is responsible for taking the child to an MD at a local clinic. Our Health Center staff will help arrange this appointment.

1. Date (month & year) of your child’s most recent tetanus immunization: \_\_\_\_\_

2. Is this child allergic to any food or medication?.....  Yes  No

If YES, name the item and indicate the reaction. \_\_\_\_\_  
 \_\_\_\_\_  
 Intolerance  
 Anaphylaxis  
 Intolerance  
 Anaphylaxis

3. Does this child eat a vegetarian diet? .....  Yes  No

If YES, check the vegetarian diet followed:   \_\_ Lacto (no meats, fish, seafood or eggs)  
 \_\_ Semi-vegetarian (no pork or beef)       \_\_ Lacto-ovo (no beef, pork, chicken, fish, seafood)  
 \_\_ Pecso (no pork, beef, chicken)         \_\_ Vegan (no meat, seafood, eggs or dairy)

4. Does this child have asthma?.....  Yes  No

If YES, will your child carry a rescue inhaler during the village program? .....  Yes  No  
 If YES, what triggers your child’s asthma?  
 \_\_\_\_\_

5. Name of Parent/Guardian accompanying this Villager: \_\_\_\_\_

6. List the medications that your villager takes on a routine basis. ....  This villager takes no routine medication.

a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_  
 b. Med: \_\_\_\_\_ Reason for taking this \_\_\_\_\_

7. Please write additional information about your child’s health that may impact his/her participation in our program:

\_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Authorization**

This information is correct and, based on program materials, I acknowledge that this child is capable of participation in village activities except as noted on this form. I understand that the Language Villages staff will contact my child’s accompanying parent/guardian (a) in an emergency, (b) if questions about my child’s health may arise, and/or (c) when my child is unable to continue because of injury or illness. Information on this form may be shared with staff on a need-to-know basis.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_