– Year Round Programs –

Health History Form

for Villagers Accompanied by a Parent/Guardian in Family Programs during the Summer

Return Completed Form to

Concordia Language Villages Health Services
8630 Thorsonveien NE – Bemidji, MN 56601

Villager Name: _____
First *Initial* *Last*

Birth Date: _____ ☐ Boy ☐ Girl
Month *Day* *Year*

Parent, Guardian: _____
First *Initial* *Last*

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

Name of Program/Language: _____

Program Dates: _____

About health services during this program:

- A staff member with basic first aid and CPR is at the village during your program. This staff member responds in an emergency. Ambulance service is 30 minutes or more from the village.
- Accompanying parents/guardians are responsible for their child's healthcare, including oversight and security of the medication(s) brought to the program.

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:
   ___ 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. What else should we know about your child? 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. I understand that no licensed healthcare staff are on duty and that the adult who accompanies my child will direct healthcare for my child, including interface with emergency services should that need arise. Information on this form may be shared with staff on a need-to-know basis.

Signature of Parent/Guardian _____ Date: _____

Questions about Health Services?
Call our Health Services Office at 218-586-8771 or email health@cord.edu