

**Immanuel Lutheran School  
Emergency Call Form**

**Student's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Location:** \_\_\_\_\_

People to contact if we are unable to reach you:

1. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

People authorized to pick up your child after school:

1. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone #:** \_\_\_\_\_

People **NOT** authorized to pick up your child:

\_\_\_\_\_

Does your child have any medical need of which we should be aware in case of an emergency?

Yes/No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Permission:** If you and the above physician cannot be reached in an emergency, and if in the judgment of the school authorities, immediate medical and/or hospital attention is needed, do you authorize responsible authorities to take your child, properly accompanied, to an available hospital or physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Initial for upcoming school-year:**

3PK \_\_\_\_\_ 4PK \_\_\_\_\_ K \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

# HEALTH CARE SUMMARY

(to be completed by health care provider and submitted with kindergarten registration materials)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parents or guardian: \_\_\_\_\_

Does this child have any allergies (including allergies to medications)?    Yes                      No

If yes, please list: \_\_\_\_\_

Is a modified diet necessary?                      Yes                      No

If yes, please explain: \_\_\_\_\_

Is any condition present that may result in an emergency?                      Yes                      No

If yes, please explain: \_\_\_\_\_

Date of physical exam: \_\_\_\_\_                      Vision: R \_\_\_\_\_ L \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_                      Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Speech: \_\_\_\_\_

Please list below any important health concerns:

Important health concerns	Followed by whom (name)	Requires attention at school?
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_____	_____	_____
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_____	_____	_____
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Other information helpful to the teachers: \_\_\_\_\_

\_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

**REQUEST FORM FOR  
DISTRICT PUPIL HEALTH SERVICES**

**School Year Ending June**

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15,**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School: \_\_\_\_\_

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I do not wish to request Pupil Health Services this school year.

\_\_\_\_\_  
Signature of Pupil, Parent, or Guardian

\_\_\_\_\_  
Date

**PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.**



# PUPIL IMMUNIZATION RECORD

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Minnesota Statutes Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for certain specified exceptions. This form is designed to provide the school with information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

Enter the MONTH, DAY, and YEAR for all vaccines the pupil received. DO NOT USE (✓) or (x).

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTaP, DTP)					
Diphtheria and Tetanus (DT) - pediatric formulation (<7 yrs)					
Tetanus and Diphtheria (Td) - adult formulation (7 yrs)					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) (minimum age: 12 mos)					
Hepatitis B (hep B) *					
Varicella (chickenpox)**					
Pneumococcal conjugate (PCV)*** Haemophilus influenzae type b (Hib)****					

- Hepatitis B is required for kindergarten and 7<sup>th</sup> grade.
  - Varicella vaccine will be required starting fall 2004.
  - PCV and Hib vaccines are recommended only for children through age 4 years.
  - Note for school personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+Hib, Hib+HBV) in each applicable space.
- Indicate immunization status and source of above information by choosing one of the following:
- I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic \_\_\_\_\_ Date \_\_\_\_\_

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K + 7<sup>th</sup>), varicella (K + 7<sup>th</sup>), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates for which the remaining doses are to be given are: \_\_\_\_\_

Signature of parent/guardian or physician/public clinic \_\_\_\_\_ Date \_\_\_\_\_

Student Number \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Complete booster required in \_\_\_\_\_

In process; 8 mos. expires \_\_\_\_\_

Medical exemption for \_\_\_\_\_

Consentious objection for \_\_\_\_\_

### Legal Exemptions to Minnesota School Immunization Law

- Students 7 years of age or older do not need pertussis vaccine.
- Students 18 years of age or older do not need polio vaccine.
- Medical exemption: No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:

I hereby certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations

Signature of physician \_\_\_\_\_ Date \_\_\_\_\_

- Conscientious exemption: No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s): \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of notary \_\_\_\_\_

### Special Exceptions for DTP, Td, Polio, and Hep B

- Children less than 7 years of age: The 5<sup>th</sup> dose of DTaP/DTP/DT (similarly, the 4<sup>th</sup> dose of polio vaccine) is not necessary if the 4<sup>th</sup> DTaP/DTP/DT (3<sup>rd</sup> dose of polio) was administered after the 4<sup>th</sup> birthday.
- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Td booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7<sup>th</sup> birthday but before their 11<sup>th</sup> birthday. Instead, it will be required 10 years after the date of the most recent dose. Enforcement of the Td booster requirement will be reinstated in the fall of 2004 for all 7<sup>th</sup>-12<sup>th</sup> graders.
- Students 11-15 years of age: A 3<sup>rd</sup> dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.

**REQUEST FORM FOR  
TEXTBOOKS, STANDARDIZED TESTS, AND  
INDIVIDUAL INSTRUCTIONAL MATERIALS**

**School Year Ending June**

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15,**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School: \_\_\_\_\_

I do request that textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.

I do not wish to request the loan of any materials this school year.

**Verification of Use:** I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

\_\_\_\_\_  
Signature of Pupil, Parent, or Guardian

\_\_\_\_\_  
Date

**PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.**

## Type 1 Field Trips

Student's Name \_\_\_\_\_

I/We understand that this parent general approval form is for Type 1 Field Trips. Type 1 trips are all walking trips (Chapel, etc..) of one mile or less. Does your son or daughter have special health problems or handicapping conditions which will require individual monitoring on field trips?

\_\_\_\_\_ yes

\_\_\_\_\_ no

If yes, what is the problem and what special consideration should be given to your child?

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

.....  
I/We authorize Immanuel Lutheran School – Courtland to take  
\_\_\_\_\_ on Type 1 Field Trips during the  
\_\_\_\_\_ school year.

Date \_\_\_\_\_

Signature of Parent or Guardian

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell: \_\_\_\_\_

# **PUBLICITY .....**

**Permission is granted to Immanuel Lutheran School to publicize events and activities in which my child is a participant. .**

**YES    NO**

**\_\_\_\_\_    \_\_\_\_\_ My child's photo may be used on our school's web site.**

**\_\_\_\_\_    \_\_\_\_\_ My child's photo may be used for newspaper or other public media.**

**Child(ren)'s name(s) \_\_\_\_\_**

**Parent's signature \_\_\_\_\_**

**Date \_\_\_\_\_**



# LIBRARY CARD APPLICATION FORM

BLUE EARTH COUNTY LIBRARY SYSTEM  
100 EAST MAIN STREET  
MANKATO, MN 56001  
(507) 304-4001

Last Name: \_\_\_\_\_  
MI: \_\_\_\_\_

All information on this form is private data and may not be disclosed for other than library purposes except pursuant to a court order. Minnesota Statutes, Section 13.40, Subdivision 2.

State or Other ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ male/female (please circle one)

Local Address: Street/Box # /Apt # \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_  
Must provide Proof of Address & ID

State \_\_\_\_\_ Township \_\_\_\_\_

Zip Code \_\_\_\_\_ (Only if living outside city limits)

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Work/Permanent/Guardian Address \_\_\_\_\_

Work/Permanent/Guardian Telephone number \_\_\_\_\_

Send all notices to (check one):  
 regular mail  
 e-mail

I promise to comply with all library rules, to promptly pay fines or damages charged to me, and to give immediate notice of change in my address. I understand that all information included on this form will be shared with other TdS libraries.

Signature of applicant \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of parent or guardian if applicant is under 16 years of age)

LIBRARY USE ONLY	
206 _____	Other ID Used _____
Temporary barcode number _____	Date entered _____
Library Patron Class _____	Stat Class _____

Member of Traverse des Sioux Library System