

Health Information - Circle of Friends Preschool (2022-2023)

Return to Edgewood School: 5304 Westwood Dr. SE, Prior Lake, MN 55372

Student Name _____ Date of Birth _____

Parent/Guardian: Please check if your student has any of the following:

- No health concerns
- Injury/Illness in past year ___ Emergency room visits in past year _____
- Medication allergies _____
- Hearing impairment Hearing Device _____
- Vision impairment Glasses/Contacts _____
- Mental Health/Emotional Concerns _____
- ADHD/ADD Medication required at school _____
- Autism Spectrum Disorder
- Headaches/Migraines Medication required at school _____
- Special Diet _____
- Medication** (*Medication Authorization Form required if needed at school*) _____
- Additional health information _____

An Emergency Action Plan (EAP) is required for the following conditions (contact preschool office for EAP forms)

- Asthma**: Triggers _____ Meds required at school _____
- Allergies**: (i.e. peanut, bee): _____ Meds required at school _____
- Seizures**: Type: _____ Last seizure: _____ Meds required at school _____
- Diabetes**: Type 1 Type 2 Insulin Injections Insulin Pump CGM Oral Medication

Immunizations:

PLSAS requires up-to-date immunizations (or proof of exemption). Refer to primary care provider for assistance.

Submit [Immunization Form](#) or a copy from doctor to Edgewood School. Clinics may fax immunization records to Edgewood at 952-226-0949, Attn: Early Childhood.

This information is confidential. The information I have provided will only be shared with staff in the school district whose jobs require access to this information to ensure my child's safety and school success.

I understand that in case of a serious accident or illness in which I cannot be reached, 911 will be called, and my child will be transported to the hospital I have designated at the discretion of the first responders.

****For emergency purposes, it is important that all contact information is up to date. Updates in contact information and should be updated in your Eleyo account and also communicated to Edgewood's office 952-226-0950 or jumiller@priorlake-savage.k12.mn.us****

Signature of Parent/Guardian: _____ Date: _____