

Immunization History: Provide the month and year for each immunization or attach a copy of your child’s clinic/school immunization record. Starred (★) immunizations must be current.

Immunization	Date: Month(s) & Year(s)	Immunization	Date: Month(s) & Year(s)
Tetanus Booster★ (within 10 years)		Varicella (chicken pox)	
MMR (Measles, Mumps, Rubella)★		Haemophilus influenza	
Polio Series★		Hepatitis B	
Pertussis Booster		Hepatitis A	

If your villager has not been immunized, please explain why and/or attach supporting documentation. _____

Medication: "Medication" is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies.

- This villager will not take any daily medications while attending the Language Villages.
- This villager will take the following medication(s) while attending the Language Villages. Bring enough of each med to last the entire session. Villagers taking meds for psychiatric reasons should be on the same medication at the same dose for the three months prior to their Village arrival.

Note: ALL medications and supplements must arrive in the original, appropriately labeled pharmacy containers (as described in the Parent Handbook).

Name of Medication	Reasons for Taking It	Dose Given & When	Date Started?
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	

The following medications are stocked in the Village health center and are used to manage illness and injury as directed by our medical protocols. **Cross out those your villager should NOT be given.**

Acetaminophen (Tylenol)	Chlorpheniramine Maleate (allergy medication)	Hydrocortisone Cream	Naproxen (Aleve)	Silver Sulfadiazine
Alamag (Maalox)	Diphenhydramine (Benadryl)	Ibuprofen	Nix	Tolnaftate
Bismuth tabs (Pepto-Bismal)	Generic cough drops	Ivy Dry	Pseudoephedrine	Triple Antibiotic Cream
Calamine Lotion	Guaifenesin DM (cough syrup)	Loratadine	Senna	

General History: Check "Yes" or "No" for each statement

- This villager has had mononucleosis ("mono") during the past school year Yes No
- This villager is prepared to fall asleep at night without supports such as reading or listening to music..... Yes No
- This villager is free of illness, injury or physical challenges that would affect program participation Yes No
- This villager has piercings..... Yes No
If so, where? Ears Eyebrow Nose Belly Button Tongue Nipple Other: _____
- For girls: this villager knows about menstruation and/or has a normal menstrual history..... Yes No
- This villager has been in countries outside the United States in the past nine months..... Yes No
If "Yes," list the countries and the length of time spent in each.

Country: _____ Country: _____

Dates: _____ Dates: _____

Mental, Emotional, Learning and Social Health: Check "Yes" or "No" for each statement. See **Parent Handbook** for more information.

- This villager has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing problem) Yes No
- This villager has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
- This villager has an emotional health concern (specify _____) Yes No
- During the past academic year, this villager saw or is currently seeing a professional to address mental/emotional concerns Yes No

If "yes" was the answer to any of the four statements above, attach a statement from your villager’s professional (e.g., psychiatrist, physician) that addresses the following three things:

- Describes the concern and the villager’s management plan (including medication) while in our program;
- Describes the behaviors that will indicate to our staff that your villager needs professional referral; and
- Provides a recommendation for the villager’s participation in the Language Villages program.

- This villager has had a significant life event that continues to affect the villager’s life Yes No
If "Yes," please attach written information about the event – death of a loved one, family change, adoption, new sibling, survived a disaster – its impact upon your villager’s life, and care tips for the villager’s cabin staff. Keep in mind, our staff are generally college students.

What Have We Forgotten to Ask? Provide additional information about your child’s health and learning style that may have been neglected on this form. We are particularly interested in information that has impact upon your child’s ability to fully participate in our program. Attach additional information if needed.

Billing Information for Healthcare: Parent/guardians are financially responsible for healthcare given by an out-of-Village provider.

To whom should healthcare bills be sent?

Name: _____

Mailing address: _____

Preferred Phone: (_____) _____

- It is your responsibility to manage your health insurance; our staff may not do this.
- Call your insurance company; determine if your insurance will "work" while your villager is in our program and/or what you need to do should your villager need healthcare.
- Please instruct your villager if your insurance requires a copay.
- We will have you call our pharmacy with your credit card number if we anticipate that a prescription will be needed.

If your villager has health insurance:

Name of person who holds the policy: _____ Birth date of this person: _____

Policy Number: _____ Name of Insurance Company: _____

If appropriate, attach a front and back copy of your child’s health insurance card.

When You Aren’t Available – If we cannot reach you, provide contact information for other people who know your villager and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Alternate contact: _____ Phone: (_____) _____ Relationship to villager: _____

Alternate contact: _____ Phone: (_____) _____ Relationship to villager: _____

Villager’s Physician: _____ Office Phone: (_____) _____

Villager’s Orthodontist: _____ Office Phone: (_____) _____

Parent/Guardian Authorization for Healthcare:

This health history is correct and accurately reflects the health status of the villager to which it pertains. The person described has permission to participate in all Village activities except as noted by me and/or the examining physician. I give permission to the physician selected by Concordia Language Villages to order x-rays, routine test and treatment related to the health of my child for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with Language Villages staff. I give permission to photocopy this form. In addition, the Language Villages has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Signature of custodial parent or guardian: _____ Date: _____ Relationship to villager: _____

Send this completed Health History to our office **NOW**. Keep a copy to record changes in your villager’s health status. We are interested in providing good healthcare to your villager. If having a physician complete the enclosed **Medical Recommendation** would help us do that, please have your physician complete it. Questions? Contact health services by calling 218-586-8771 or e-mailing health@cord.edu.