



- Year Round Programs -

Health History Form for Villagers Accompanied by a Parent/Guardian

Return Completed Form to:
Concordia Language Villages
8659 Thorsonveien NE - Bemidji, MN 56601
or email to health@cord.edu

Name: _____

Birth _____
First Initial Last

Date: _____ Sex: Male

_____ Month Day Year Sex: Female

Custodial Parent, _____

Guardian: _____

Preferred _____ First Initial Last

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 need a vegetarian diet? Yes No

If YES, we expect the child to eat the prepared vegetarian meal. Please check the vegetarian diet followed:

- Semi-vegetarian (no pork or beef) Lacto-ovo (no beef, pork, chicken, fish, seafood)
- Pesco (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, using the back of this page to do so.

Custodial 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 Custodial Parent/Guardian _____ Date: _____

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