CONCORDIA LANGUAGE VILLAGES

- *Year Round Programs* -

Health & Emergency Information for Teachers and Chaperones

*Return to our office **four weeks** before your arrival:*
Concordia Language Villages Health Services
8630 Thorsonveien NE – Bemidji, MN 56601

School's Name: _____

Date of Arrival: _____

Language or Program: _____

Name: _____
First *Middle* *Last*

Birth Date: _____ Sex: ☐ Male ☐ Female
Month / Day / Year

Phone: __(____)_____

Address: _____
Street

_____
City *State* *Zip*

Email: _____

---

1. Date of your most recent tetanus immunization: …. (month & year) _____

2. About your nutrition status:

   ☐ I have no food allergies.

   ☐ I am allergic to the foods listed here. → a) _____ ☐ Causes Anaphylaxis
   Check the box if eating the item triggers anaphylaxis for you.
   b) _____ ☐ Causes Anaphylaxis

   ☐ I am a vegetarian of this type →
   By indicating that you are a vegetarian, we will provide entrées that complement your preference. We rely on you to eat as you've indicated so we do not waste food.

   ☐ No Pork
   ☐ Semi-vegetarian (*no pork or beef*)
   ☐ Pesco (*no pork, beef or chicken*)
   ☐ Lacto-ovo (*no pork, beef, chicken, fish, seafood)*
   ☐ Lacto (no meat, fish, seafood, eggs)
   ☐ Ovo (*no meat, fish, seafood, dairy*)
   ☐ Vegan (*no meat, fish, seafood, dairy, eggs)*

3. Should the unforeseen occur, who would you like us to notify in an emergency?

   Name of Individual: _____ Relationship To You: _____

   Address: _____ Preferred Phone: __(____)_____

   _____ Alternate Phone: __(____)_____

Things you should know about accessing healthcare while you are at the Language Villages:

a. In case of an emergency, contact your Village Dean/Program Leader.
b. It takes at least 30 minutes for an ambulance to get to your program's location.
c. Our program does have a Public Access AED (Automated External Defibrillator) on site.
d. Adults manage their own medications; please bring what you anticipate needing. Keep all medications in a secure location so that children do not access them. Do not give your medications to others.
e. A clinic, hospital, and pharmacy are available to you in Bemidji. These are about 15 miles from the Village.

Statement of Agreement

I have read the information on this page. I understand my health information will be shared with village staff on a "need to know" basis and that, as an adult, I retain responsibility for managing my health status while at the program. I agree to inform the Language Villages of any changes to this information.

Date: _____ Signature: _____