

**OAK GROVE R-VI SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

Name: _____ DOB: _____ Grade: _____ School Year: _____

Address: _____ Home Phone: _____

Father: _____ Cell Number: _____ Work Number: _____

Mother: _____ Cell Number: _____ Work Number: _____

Health History: Please check if your child has any of the following health concerns.

_____ Food Allergies Is an EpiPen prescribed? _____ Yes _____ No

_____ Bee Sting Allergy Is an EpiPen prescribed? _____ Yes _____ No

_____ Drug or Medication Allergies, please list: _____

_____ Food or Environmental Allergies, please list: _____

_____ Asthma _____ Bladder Control _____ Bowel Control _____ ADD _____ ADHD _____ Autism _____ Bleeding Disorder

_____ Dental problems _____ Diabetes _____ Eating Disorder _____ Emotional Concerns (Depression, Anxiety, Mood Disorder)

_____ Fears/Phobias _____ Headaches _____ Heart Problems _____ Menstrual Problems _____ Motion Sickness

_____ Nosebleeds _____ Orthopedic Problems _____ Seasonal Allergies _____ Seizures _____ Skin conditions (eczema, dry, etc.)

Vision Problems: _____ Glasses/contacts _____ Crossed _____ Lazy eye _____ Color blind _____ Difficulty seeing

Hearing Problems: _____ Frequent infections _____ Tubes _____ Difficulty hearing

Other Concerns: _____

_____ Any physical restrictions: _____ No _____ Yes Describe: _____

• Medications administered at home: _____

• Medications to be administered daily at school: _____

If a student requires medication at school, please obtain the appropriate form in the office.

Please keep us updated with changes in medications given at home.

Consent Data:

I do ___ do not ___ give permission to the school nurse to exchange information with my child's medical care providers for the purpose of obtaining medical information.

Child's Primary Care Provider: _____ Phone: _____

Specialist: _____ Phone: _____

Dental Provider _____ Phone: _____

In case of an emergency and I am unable to be contacted, I want my child to go to a home I designate below:

(Please provide name, address and phone numbers of a nearby friend or family member you have contacted to whom we have permission to release your child in case of an emergency.)

Name: _____ Address: _____ Home Phone: _____ Cell: _____

Name: _____ Address: _____ Home Phone: _____ Cell: _____

Name: _____ Address: _____ Home Phone: _____ Cell: _____

Parent/Guardian Signature: _____ **Date:** _____