

Student Health Registration Form 2017-2018

Child's Name _____
First Last

Grade _____ Sex _____ Date of birth _____

In order to ensure the health-safety of students at OSL, we are checking for any ALLERGIES or other MEDICAL CONDITIONS which should be brought to the attention of the staff. This form is to be completed with the Emergency Procedure & Medical Release Form.

MEDICAL HISTORY*

Please check if you have ever been told by a physician or health care professional that your child has:

____ Asthma ____ Seizure disorder ____ Bleeding disorder ____ Diabetes ____ Skin condition ____ Heart condition

Please provide information as needed

ALLERGIES*

Does your child have allergies to any of the following?

Food(s) (please specify) _____

Plants ____ Animals ____ Molds ____ Drugs ____ Bees ____ Other _____

Please describe the allergic reaction and the **treatment** for **each** checked allergy.

____ **My child has NO known ALLERGIES or MEDICAL CONDITIONS**

Please notify the staff of any changes concerning any allergy or medical condition of your child.

MEDICATION

Does your child take any medication on a regular basis? Yes ____ No ____ If yes, name of*

medication(s) _____:

Purpose _____ Will medication be needed at school? Yes* ____ No ____

*If any of these medical issues apply to your child, please call to schedule a time to speak with the school nurse if new information is included.

Please sign and return this form no later than the first day of school.

Thank you for taking a few minutes to help us keep your child safe.

Parent signature

Date