

Oostburg School District/Current Health History Information

Student: _____ Grade: _____ School year: _____ Birthdate: _____

Physician: _____ Dentist: _____

Hospital preference: _____

Please check the following information regarding your child:

Yes No
_____ _____ Asthma – specify treatment and frequency _____
Inhaler at school? Yes _____ No _____

_____ _____ Diabetes – Is insulin needed at school? Yes _____ No _____
Glucagon needed at school? Yes _____ No _____

_____ _____ Seizures – Specify frequency and type of seizures _____
Diastat needed at school? Yes _____ No _____

_____ _____ Heart Disease/High blood pressure – Specify _____

_____ _____ Allergies – Specify allergy and treatment _____
Does your child need an Epi-Pen at school? Yes _____ No _____

_____ _____ Physical handicap – Specify _____

_____ _____ ADHD/Anxiety – Specify medication/dosage _____

_____ _____ Is student taking any other medication? Specify drug, frequency and reason taken: _____

Any prescribed medication taken at school requires that a current Medication Authorization Consent form be on file. These forms can be obtained from the health room, school offices or school website.

_____ _____ Serious injury, surgery or accident in the past year – Specify _____

_____ _____ Immunizations in the past year – Specify type and date _____

_____ _____ Hearing concerns – Specify _____

_____ _____ Vision concerns – Specify _____

Please list any other medical conditions of significance to school personnel _____

This information is used to help meet your child’s health and educational needs. While attempts are made to share health information with appropriate staff, it remains the responsibility of the parent to communicate with your child’s teacher regarding significant health related matters. Bus drivers are not employees of the school district; it remains the sole responsibility of the parent to communicate their child’s health concerns to Otte Bus Company.

If an emergency should arise and the parent can’t be contacted, the school has permission to transport your child to the above mentioned hospital. The parent assumes all costs involved including possible ambulance fees.

Parent signature: _____ Date: _____