Onslow County Schools Health Services

To: All Parents/Guardians

From: The School Nurse

Onslow County Schools (OCS) is committed to student health and wellness. OCS employs registered nurses and licensed practical nurses to provide and oversee health services to students during the school day.

Contact your child's school nurse for help managing newly diagnosed or chronic health conditions, medications at school, treatments or procedures at school, care planning for health conditions and assistance with health care referrals or resources.

Please note the following school health procedures as we work together to ensure a healthy, safe environment for all our students:

1. Medications (prescription and over-the-counter) are not allowed at school unless an Onslow County Schools "Permission for Prescribed Medication to be Given During School Hours" form has been completed by both the parent and the doctor. The form and the medication must be brought to the school by an adult, students may not transport medication.
2. Hearing, dental, and vision screenings are periodically done at the school. If there is a concern, you will be notified by the school nurse.
3. Head checks will be conducted at school. If a student is sent home with head lice, they cannot return to school or ride the bus until they are rechecked at the school office.
4. As per Onslow County Schools Board Policy (4230.5), students with a fever of 100.0 degrees or greater, **or** have vomiting **and/or** diarrhea will be sent home and may not return to school until they are free of symptoms for 24 hours **without fever reducing medication.**
5. If your child has a suspicious rash, they should be checked by your family physician before coming to school or riding the bus.
6. It is essential that the nurse and the school have current emergency telephone numbers to ensure the parent/guardian will be notified in the event a student becomes ill or injured. Please update the school office whenever these numbers change.

Please contact your child's school nurse with any questions or concerns. The School Health Services Team looks forward to a fabulous school year!

Thank you for your cooperation!

Onslow County Schools Student Health Information Form

Student Name: _____ Date of Birth: _____ Grade: _____

School: _____ Homeroom Teacher: _____

Emergency Contact Information: Please provide the following information regarding people who the school can call if your child is sick or injured at school. Additional persons and phone numbers can be listed on a separate page (include child's name). If the information changes, please inform the school office to update the record.

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Emergency Contact: _____ Daytime Phone: _____

Emergency Contact: _____ Daytime Phone: _____

☐ **My child has no known health conditions.**

Please check any condition listed below that affects your child:

- ☐ ADD/ADHD
- ☐ Allergies, Severe (See Below)
- ☐ Allergies, Seasonal
- ☐ Asthma (See Below)
- ☐ Autism
- ☐ Cancer/Leukemia (Date Diagnosed: _____)
- ☐ Cerebral Palsy
- ☐ Crohn's Disease/IBS
- ☐ Cystic Fibrosis
- ☐ Diabetes (See Below)
- ☐ Down Syndrome
- ☐ Epilepsy/Seizures (See Below)
- ☐ Feeding/Swallowing Issues
- ☐ Vision Impaired
- ☐ Hearing Impaired
- ☐ Head Injury/Concussion (Date Diagnosed: _____)
- ☐ Heart Conditions (Type: _____)
- ☐ Hemophilia/Bleeding Disorder
- ☐ Mental Health (See Below)
- ☐ Migraine Headaches
- ☐ Neuromuscular Disease
- ☐ Orthopedic Disability
- ☐ Renal/Kidney Disease
- ☐ Juvenile Rheumatoid Arthritis
- ☐ Sickle Cell Anemia
- ☐ Ulcers/Gastric Reflux

For the following conditions, please provide additional information:

Severe Allergies	Allergic to: ☐ Peanuts ☐ Tree Nuts ☐ Milk ☐ Eggs ☐ Insects ☐ Other: _____
	Is medication needed at school for allergies? ☐ Yes ☐ No Medication Name: _____
	What is the type of allergic reaction that occurs? ☐ Hives ☐ Swelling ☐ Difficulty Breathing ☐ Other: _____
	Medication location: ☐ Classroom ☐ Health Office ☐ Student Self-Carry *Requires healthcare provider order
Asthma	Is medication needed at school for asthma? ☐ Yes ☐ No Medication Name: _____
	Medication location: ☐ Classroom ☐ Health Office ☐ Student Self-Carry *Requires healthcare provider order
	Triggers: ☐ Environmental ☐ Seasonal ☐ Exercise Induced ☐ Upper Respiratory Infection ☐ Other
Diabetes	☐ Type I ☐ Type II Diagnosis Date: _____ If newly diagnosed, please contact school nurse.
	Insulin by: ☐ Pump ☐ Injections CGM (i.e. Dexcom)? ☐ Yes ☐ No Type: _____
Epilepsy/ Seizures	Type: ☐ Febrile Only ☐ Convulsive ☐ Non-Convulsive Date of Last Seizure: _____
	Is emergency medication needed at school? ☐ Yes No Medication Name: _____
	Medication location: ☐ Classroom ☐ Health Office
Mental Health	Type: ☐ Anxiety ☐ Depression ☐ Other: _____
	Is medication needed at school? ☐ Yes ☐ No Medication Name: _____
	Medication location: ☐ Classroom ☐ Health Office

I give the principal, school nurse, or designated person permission to seek medical care for my child in an emergency. I realize that the school will make every effort to contact me, but I agree that EMS may be called, and my child may be transported to Onslow Memorial Hospital/Camp Lejeune Naval Hospital for emergency medical treatment. To make sure my child's special health needs are met, I understand my child's medical information will be shared confidentially with necessary staff members.

Parent Signature: _____ Date: _____