

# Onslow County Schools Student Health Information Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Please provide the following information in case your child is sick or injured at school. Additional persons and phone numbers can be listed on a separate page (include child's name). Please inform the school office if information changes.

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 review and check any condition listed below which affects your child:**

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

**CURRENT MEDICATIONS:** \_\_\_\_\_

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

## 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. As per Onslow County Schools Board Policy (4230.5), students with a fever of 100.0 degrees or greater and/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**.
4. If your child has a suspicious rash, they should be checked by your family physician before coming to school or riding the bus.
5. School nurses monitor students for head lice. Students are not allowed to attend school if they have had lice and/or nits. If your child has head lice please notify the school nurse. Students must be checked by the school nurse or school staff prior to re-entry to school and prior to riding the bus.
6. It is essential that the nurse and the school have current emergency telephone numbers to ensure the parent/guardian can 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!

Reviewed 03/2025