



Olton ISD
Student Health Form

Student Name: _____ DOB: _____ Grade: _____

Allergies: _____ Reaction: _____

Past Medical History: _____

Current Medication(s): _____

Does your child require medication at school? **YES** **NO**

If yes, please list and complete the attached *Medication Administration Consent Form*.

Does your child have any restrictions due to his/her health?

If yes, please list: _____

☐ I **do** give consent for the school nurse to communicate my child's health information with applicable staff (teachers involved, counselor, principal).

☐ I **do not** give consent for the school nurse to communicate my child's health information to any other staff.

Emergency Contacts:

#1 Name: _____ Phone: _____ Relation: _____

#2 Name: _____ Phone: _____ Relation: _____

Please complete all necessary attached forms. If you have questions, please ask the nurse.

Nurse Use Only:

Immunizations: Current Provisional Catch-Up

Immunizations Needed: _____

Forms Needed:

Form	Needed	Completed
Medication Administration		
PRN Medication Consent		
Asthma History		
Seizure History		
Allergy/Anaphylaxis		

Care Plan Needed: Yes No