



Our Savior's Lutheran School Phone: (218) 281-5191

Our Savior's Lutheran School Health Information Sheet: Parent's Report

Student's Name: _____ Birthdate: ____/____/____ Grade: _____
 Parent's Name: _____
 Phone (H): _____ (W): _____ (C): _____
 Address: _____ City: _____ Zip: _____
 Physician: _____ Clinic: _____ Phone: _____
 Dentist: _____ Address: _____ Phone: _____
EMERGENCY CONTACT (if parent is unavailable): Name: _____
 Phone: _____ Address: _____ City: _____ Zip: _____

YES	NO	PROBLEM	IF YES, EXPLAIN
		Vision Problem: Glasses or Contacts	
		Hearing Problems	
		Allergies: To What? Type of Reaction?	
		Stomach Problems	
		Heart Problems (Ex: Murmur)	
		Skin Problems	
		Bladder or Kidney Problems	
		Bone, Joint, or Muscle Problems	
		Diabetes	
		Lung Problems (Ex: Asthma)	
		Epilepsy or Seizures	
		Surgeries or Hospitalizations	
		Mental Illness (Ex: Depression, Anxiety, etc.)	
		Emotional Problems	
		Behavior Concerns (Ex: concerns, ADD, ADHD, etc.)	
		OTHER: Chickenpox History	Date of Chickenpox Illness: _____

*The items in **RED** will need additional paperwork completed each school year. The School Nurse will send you the forms.

Does your child take any medication? ___ Yes ___ No

If medications are to be given in school, please contact the Our Savior's Lutheran School Office for the **Medication Consent Form**. The form is **REQUIRED** for all medications taken at school including prescription and over the counter meds and must be signed by BOTH the medical provider and the parent.

I agree to allow the above information to be shared with teachers and staff in order to provide comprehensive care to my student.
Parent or Guardian's Signature: _____ **Date:** _____

Thank you for completing and returning these forms. Please let me know if you have questions or concerns regarding your child's health!

Pam Olson, RN, PHN, Licensed School Nurse