

**OXFORD PUBLIC SCHOOLS
HEALTH DATA**

Child's Name: _____ DOB: _____ Grade: _____

Child's Primary Language: _____

If you do not have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Does the student have health insurance? Yes _____ No _____

Name of Insurance: _____ Policy No. _____

Primary Care Physician: _____ Phone No: _____

Primary Care Physician's Address: _____

Dentist: _____ Phone No: _____

Dentist's Address: _____

Please note any **allergies**: _____

Please note any **medical conditions**: _____

Please note any **current medications**: _____

Should any changes occur which would affect the above information, please notify the School Nurse immediately.

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Parent/Guardian Name Printed: _____ Date: _____

Parent/Guardian Signature: _____ Relationship: _____

"The Oxford School District does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, disability, or homelessness."