

**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.

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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."*