



Ogden City School District
HEALTH STATUS FORM

Student Name: Date of Birth:
School: Grade: Parent/Guardian Telephone:
Student's Physician/Clinic: Physician's Telephone:

Please mark the appropriate boxes for CURRENT medical conditions DIAGNOSED BY A PHYSICIAN:

NO MEDICAL CONCERNS AT PRESENT TIME
ADHD Age of Diagnosis Will student require medication administered at school?
SEVERE ALLERGIES (Not seasonal allergies) Is Epinephrine prescribed for the school?
ASTHMA Will student require asthma medication while at school?
DIABETES Type 1* Type 2* Parent/MD to complete Diabetic Medical Management Plan for School*
DIETARY PROBLEMS** (Diagnosed by Physician) Celiac G-Tube OTHER:
HEART PROBLEM (Currently requiring medical treatment) DIAGNOSIS:
NEUROLOGICAL PROBLEMS Epilepsy (Types of seizures)
OTHER MEDICAL CONDITIONS THAT MAY IMPACT YOUR CHILD AT SCHOOL:
My student WILL NOT require medication/special health accommodations, restrictions, nor precautions while at school.
My student WILL require medications and/or special health accommodations, restrictions, or precautions while at school.

I understand that it is the parent/guardian's responsibility to contact the district nurse if health-related school accommodation(s) are requested. I understand that forms and school nurse contact information may be obtained at the school office, district office, or on-line at Ogdensd.org.

If needed, the medical provider(s) listed above may coordinate my student's health care plan for school with Ogden City School District Nurse's office.

My signature below indicates that I have read and understand the above statements. I will update my child's health information as needed.

Parent/Guardian Signature: Date:

*MEDICATION AUTHORIZATION FORMS and *HEALTH PLANS AND EMERGENCY PLANS FOR SCHOOL must be completed (by parent and physician) then returned to the school office BEFORE any health-related accommodations can be made at the school.
**A REQUEST for SPECIAL MEAL ACCOMMODATION FORM is required for any special meal accommodations at the school. This form is for MEDICAL purposes only.