



OUR SHEPHERD EV. LUTHERAN SCHOOL

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DEAR KINDERGARTEN PARENT OR GUARDIAN,

WELCOME TO OUR SHEPHERD LUTHERAN SCHOOL. IN ORDER TO BEST TAKE CARE OF YOUR CHILD'S HEALTHCARE NEEDS, THERE ARE MEDICAL FORMS IN THIS PACKET WHICH NEED TO BE FILLED OUT AND RETURNED TO THE SCHOOL EITHER DURING KINDERGARTEN SCREENING IN MAY OR PRIOR TO THE START OF THE SCHOOL YEAR IN AUGUST.

REQUIREMENTS FOR ALL STUDENTS ENTERING KINDERGARTEN:

_____ BIRTH CERTIFICATE

_____ HEALTH HISTORY FORM (FRONT AND BACK COMPLETED BY PARENT)

_____ PHYSICAL EXAMINATION FORM. PLEASE NOTE-A 5-YEAR-OLD EXAMINATION IS *REQUIRED* BY THE STATE OF OHIO TO ENTER KINDERGARTEN. (FRONT AND BACK COMPLETED BY DOCTOR)

_____ IMMUNIZATION RECORDS

_____ ORAL ASSESSMENT (COMPLETED BY DENTIST)

ADDITIONAL INDIVIDUALIZED MEDICAL FORMS ARE REQUIRED FOR STUDENTS WITH KNOWN MEDICAL CONDITIONS SUCH AS ASTHMA, SEVERE ALLERGIES, DIABETES, SEIZURES. THESE FORMS CAN BE OBTAINED FROM THE SCHOOL NURSE OR THE OUR SHEPHERD LUTHERAN SCHOOL WEBSITE UNDER THE "FORMS" TAB.

_____ EMERGENCY ACTION PLAN FORMS-COMPLETED BY PARENT AND DOCTOR

_____ MEDICATION ADMINISTRATION RECORD FORM-COMPLETED BY PARENT AND DOCTOR (PLEASE NOTE THAT A *SEPARATE FORM* IS REQUIRED FOR *EACH* MEDICATION TO BE GIVEN AT SCHOOL, INCLUDING PRESCRIPTION AND OVER THE COUNTER MEDICATIONS).

ALL COMPLETED FORMS ARE TO BE RETURNED TO OUR SHEPHERD LUTHERAN SCHOOL BY PAPER COPY, EMAIL OR FAX NO LATER THAN AUGUST 11, 2025. SEND QUESTIONS OR CONCERNS TO NURSE@OSLPAINESVILLE.ORG