**OASN Student Health Data Record 19-20**

**School Year \_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Complete and submit ONE student health data set for EACH SCHOOL within a district*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **# of Students** | **Medications at School****# students** | **Medical Procedures/ Treatments at School # students** | **# of students chronically absent** | **# EAP on File** | **# IHP** | **# 504** | **#IEP** |
| **School Enrollment** |  |  |  |  |  |  |  |  |
| **Allergy (Life-threatening) parent reported)** |  |  |  |  |  |  |  |  |
| **Allergy (Life-threatening) HCP** |  |  | Antihistamine |  |  |  |  |  |  |
| Epinephrine  |  |
| Self-carry  |  |
| **Asthma HCP** |  |  | Albuterol  |  |  |  |  |  |  |
| Peak flow |  |
| Self-carry |  |
| **Asthma (parent-reported)** |  |  |  |  |  |  |  |  |
| **Diabetes, Type 1 HCP** |  |  | BG monitoring |  |  |  |  |  |  |
| Self-carry  |  |
| Carb Counting |  |
| Ketone testing |  |
| Glucagon (injectable) |  |
| Glucagon (nasal) |  |
| Insulin administration |
| Syringe  |  |
| Pump  |  |
| Self-manage insulin admin |  |
| **Diabetes, Type 2 HCP** |  |  |  |  |  |  |  |  |
| **Seizures HCP** |  |  | Diastat |  |  |  |  |  |  |
| Versed (nasal) |  |
| **Total number of students who are chronically absent** |  |

HCP—Healthcare Provider diagnosis on file