Lovejoy Independent School District
STUDENT HEALTH INFORMATION

If your child has an acute or chronic medical condition, or any changes occur during the school year, be certain to contact your school nurse.

In an effort to provide safe, informed care for your child at school, the LISD Health Services Department requires the following information to complete your child's enrollment. Medical information you provide about your child is a confidential education record. LISD keeps all medical information about your child confidential as required by the Family Educational Rights and Privacy Act and other applicable law. However, health information about your child will be communicated to LISD school personnel who require the information to better serve your child.

Note: **Parent must update this health information form as needed to indicate any change in the health status of the student.**

Student Name_____

Last First Middle

Birth date_____ Gender (circle one): M F Grade_____ Teacher_____

Mother name_____ Cell # _____Home #_____Work # _____

Father name _____Cell#_____ Home# _____Work#_____

Parent Email _____

Please mark any of the following that apply:

____ **MY CHILD HAS NO KNOWN HEALTH CONDITIONS**

____ **MY CHILD HAS NO KNOWN FOOD or MEDICATION ALLERGIES**

HEALTH CONDITIONS:

Yes / No Allergies (medications, foods, insects, etc)
If yes, to what? _____
Symptoms of reaction? (hives, difficulty breathing) _____
What kind of treatment? _____
Yes / No Epi Pen
Yes / No Seizure Disorder. If yes, what kind?_____
What kind of treatment? _____
Yes / No Diabetes
Yes / No Glucose testing?
Yes / No Respiratory Condition? If yes, how is it managed? _____
Yes / No Other medical concerns? _____
_____

Please contact your school Nurse if you would like to have a conference regarding your Childs medical needs. Your school nurse is: _____

****MEDICATIONS** - My child takes the following medications:

Name of Medication	Amount	Reason	At Home	At School**

** **Any medication needed at school, must be brought to the school clinic by the parent/guardian and a separate permission form is required for each medication.** ***Medication Permission Form 2008--2009***

Parent/Guardian Signature_____Date_____

Revised August 2008