

Lancaster Elementary School
Student Health Information

Please fill out this form **completely**. This form is to be filled out on a yearly basis.

BE SURE TO SIGN THE BOTTOM LINE

Student's Name: _____ Date of birth: _____ Grade: K

Does your child have? (Please circle the correct response):

Frequent colds	Yes	No	Fainting Spells	Yes	No
Asthma	Yes	No	Heart Condition	Yes	No
Earaches	Yes	No	Headaches	Yes	No
Diabetes	Yes	No	Rheumatic Fever	Yes	No
Seizure Disorder	Yes	No	Dizziness or blackouts	Yes	No
Epilepsy	Yes	No	Frequent Nosebleeds	Yes	No
Bee Sting Allergy	Yes	Mild or Severe	No		

Does your child have allergies? Yes No If yes, please specify: _____

Does your child have asthma? Yes No If yes, list medication(s): _____

Is your child on medication? Yes No If yes, list medication(s): _____

Reason for taking medication: _____

Has your child had any surgeries? Yes No If yes, specify what kind of surgery and the date(s): _____

Does your child have a medical problem that would require us to follow a specific procedure in the case of an emergency situation? Yes No If yes, please specify the procedure in the order it is to be performed: _____

Are there any eating habits or dietary restrictions that the school should be aware of? Yes No If so, please list: _____

(If your child has a milk allergy, the school requires a doctor's note stating a milk allergy exists.)

Please add any additional information that might help us in protecting your child's health: _____

Physician's Name: _____ Phone Number: _____

Hospital Preferred: _____

In case of serious illness or accident, I authorize the school to take whatever action is necessary and give my permission to transport to the hospital, if necessary.

Date

Parent or guardian signature (must be signed)

This information will be accessible to staff members to insure the health and safety of your child. If you do not wish this information to be distributed, you must notify the school in writing.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL, IN WRITING, OF ANY CHANGES DURING THE SCHOOL YEAR.