

## 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 First Name                                      Middle                                      Last                                      Date of Birth*

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:**

- Allergies (medications, foods, insects, etc)  
If yes, to what \_\_\_\_\_  
Symptoms of reaction? (hives, difficulty breathing)  
What kind of treatment?  
Epi Pen
- Seizure Disorder. If yes, what kind?  
What kind of treatment?
- Diabetes  
Glucose testing?
- Respiratory Condition? If yes, how is it managed?
- Other medical concerns?

**Please contact your school Nurse if you would like to have a conference regarding your Child's medical needs.**

**\*\*MEDICATIONS\*\*** Please complete either the first section or check the last statement that the child does not take any 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. This form is available on the Lovejoy ISD website under Departments > Student Health Services > Medication Form.**

**My child does not take any medications.**

Parent/Guardian Signature

Date