STUDENT HEALTH INFORMATION

2021-2022 School Year

Lansing School District

Student's Name _____ Date of Birth _____

School _____ Teacher _____ Grade _____

_____ **My child has NO medical conditions, health concerns, or special medical needs at this time.**

_____ **My child HAS THE FOLLOWING MEDICAL conditions, health concerns and/or special medical needs:**

	ADHD/ADD		Diabetes (Type 1 or 2)		Seasonal Allergies
	Asthma		Drug Allergies		Congenital Abnormality
	Bee Sting Allergy		Epilepsy/Seizures		Heart Condition
	Cancer/Leukemia		Milk* Allergy		Other (list below)
	Cerebral Palsy		Other food allergies		

Allergies (Please list food and drug allergies)

_____

_____

_____

Other Medical Conditions (Please list any medical conditions or concerns not listed above)

_____

_____

_____

Please check any medications your child may need at school (specify when checking other)

	Benadryl		Inhaler		(Other)
	Diastat		Insulin		(Other)
	Epi-pen		(Other)		(Other)
	Glucagon		(Other)		(Other)

Please specify any other health information that applies to your child

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I consent to share this information with district staff, such as, principals, teachers, secretaries, and food service staff. I authorize school personnel to exchange information with my child's health care providers by telephone, fax, and email or in writing to facilitate coordination and continuity of care. Please contact the school nurse to discuss any health concerns or special medical needs of your child.

Doctor/Health Care Provider _____ Phone _____

Parent/Guardian Signature _____ Date _____

Home Number _____ Work Number _____ Cell Number _____

*A note from your doctor is required for a substitute drink at school.

Office of School Culture - Nursing Department