

LCA MEDICAL AND HISTORY UPDATE

Today's Date _____

Student Name: _____

Phone: _____

Address: _____

Grade: _____

Birth Date: _____

Parents/Guardian Name(s): _____

Current Physician's Name: _____ Phone: _____

List all medications your child takes daily or as needed. _____

Does your child have any allergies? Yes or No
Explain, _____

Has your child had an allergy reaction? Yes or No
Explain, _____

Has your child had an Anaphylaxis reaction? Yes or No

(Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. This response may be a life-threatening event.)
Explain, _____

Has your doctor prescribed an Epi-Pen for an allergy reaction? Yes or No

List all medications prescribed for allergies. _____

Has your child had any injuries in the past year? Yes or No
Explain, _____

Has your child had any surgery in the past year? Yes or No
Explain, _____

Has your child had any shots in the past year? Yes or No
Explain, _____

Does your child have a history of any illness? Yes or No
(Such as heart disease, asthma, pneumonia, stroke, dizziness, blurred vision, etc.)
Explain, _____

Does your child have any restrictions, either medical or physical? Yes or No
Explain, _____

Anything else you feel the school nurse needs to know about your child?
Explain, _____

Parent Signature: _____

Date: _____

LCA MEDICAL AND HISTORY UPDATE

Today's Date _____

Student Name: _____

Phone: _____

Address: _____

Grade: _____

Birth Date: _____

Parents/Guardian Name(s): _____

Current Physician's Name: _____ Phone: _____

List all medications your child takes daily or as needed. _____

Does your child have any allergies? Yes or No
Explain, _____

Has your child had an allergy reaction? Yes or No
Explain, _____

Has your child had an Anaphylaxis reaction? Yes or No

(Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. This response may be a life-threatening event.)
Explain, _____

Has your doctor prescribed an Epi-Pen for an allergy reaction? Yes or No

List all medications prescribed for allergies. _____

Has your child had any injuries in the past year? Yes or No
Explain, _____

Has your child had any surgery in the past year? Yes or No
Explain, _____

Has your child had any shots in the past year? Yes or No
Explain, _____

Does your child have a history of any illness? Yes or No
(Such as heart disease, asthma, pneumonia, stroke, dizziness, blurred vision, etc.)
Explain, _____

Does your child have any restrictions, either medical or physical? Yes or No
Explain, _____

Anything else you feel the school nurse needs to know about your child?
Explain, _____

Parent Signature: _____

Date: _____