

MEDICAL INFORMATION FORM

Students Information:

First Name:	Middle Name:	Last Name:
Date Of Birth:	Grade:	Teacher:
		Gender: (circle one) Male Female

Parent/Guardian Information:

First Name:	Last Name:	
Home #	Work #	Cell #
First Name:	Last Name:	
Home #	Work#	Cell #

List all siblings currently attending Lorenzo ISD: _____

Individuals authorized to pick up my child:	Relationship:	Phone Numbers:

***Please list any physical handicaps or chronic conditions that may require special attention:**

SEIZURES _____ ASTHMA _____ ALLERGIES _____ DIABETES _____ OTHER _____

***List current medications taken regularly at home and school (inform school nurse of any changes).**

***Does your child have any physical or medical problems that might affect his/her participation in physical education or athletics? Yes _____ No _____ If yes, list problem (s): _____**

***Does your child have a food allergy or any other kind of serious allergic reaction? Yes _____ No _____ If yes, please explain the type and reaction: _____**

> If yes, is there an **Emergency Plan** written? Yes _____ No _____ (Please provide a copy of plan)
> If yes, is there an **EPI-PEN** prescribed? Yes _____ No _____ (Please provide nurse with one)
> Please sign if the following statement applies to you: **I DO NOT** wish to keep medication at the school for my child in case of an allergic reaction. **I WILL NOT** hold **Lorenzo ISD** or the **nurse** responsible for any adverse event that occurs to my child because of not having provided the appropriate medication for this allergy.

Parent/Guardian Signature: _____ Date: _____

Choice of Hospital: _____ Phone #: _____

I authorize Lorenzo ISD staff to directly contact the hospital named above and authorize them to render treatment deemed necessary in an emergency for the health & safety of my child. In the event that parents can not be reached, school officials are authorized to take whatever action is deemed necessary in their judgement for the health of my child. I will not hold the school district or its employees responsible for emergency care and/or transportation of my child.

Parent/Guardian Signature: _____ Date: _____