

Lanesville Community School Corporation
Student Health Information Sheet - Kept in Nurse's Office

Student Name _____ M/F _____ Date of Birth _____ Grade/Teacher _____
Parent(s)/Guardian(s) _____
Home Address _____ City _____ Zip _____
Phone # _____ Phone # _____

Siblings: Please list all names (first and last)

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

In case of a medical emergency and parent/guardian is unable to be reached, list preferred contact/s:

#1: Name _____ Phone # _____
#2: Name _____ Phone # _____
#3: Name _____ Phone # _____

Medical Conditions-This information may be shared with staff in direct care of your child during the school day, school events and/or accompanying child on field trips.

***Allergies (latex, insect stings, medications, foods)? What type of reaction occurs?**

***Does your child have a Life Threatening Allergy requiring an Epi-Pen?** _____

Significant medical history/information:

Medications: Please list medications your child is taking (home or school), dose, and frequency

Parent/Guardian Signature _____
Date _____

For questions, please contact Kristan Cantrell through email, phone call or parent square.
cantrellk@lanesville.k12.in.us 812-952-3000 ext 205