LEBANON
COMMUNITY SCHOOL CORPORATION

NURSING SERVICES FORM

Student Name_____ Date of Birth_____

School_____ Grade Level_____

Please mark below with an X if your child has been diagnosed with any of the following medical issues:

__Asthma/Respiratory
__Bowel disorders
__Deaf or hard of hearing
__Diabetes
__Food Allergies
__Heart Defects
__Kidney disorders
__Medication allergies
__Migraines
__Seizures/Epilepsy

If you marked any of the above, please use the space below to provide any additional information:

_____

_____

Please use the space below to list and describe any additional medical concerns:

_____

_____

Please list any medications your child is taking at this time:

_____

_____

I grant permission to share this information with my child's teacher/s and other appropriate school personnel.

_____ _____

Signature of Parent/Guardian Date

Revised February 26, 2018