HS0030
Rev. 4/18

REQUEST FOR UPDATE OF STUDENT HEALTH INFORMATION

Health Services Department
Lincoln Public Schools

Dear parent/guardian,

Please complete the following form and return to the school health office. The information you provide here may be shared with other school personnel as needed to promote your child's safety and educational success at school.

Student Name: _____ Date: _____

Grade: _____ Date of Birth: _____ ID#: _____

Date of Last Dental Examination: _____ Dentist's Name: _____

Date of Last Physical Examination: _____ Provider's Name: _____

Recent hospitalizations, significant illnesses, injuries (i.e. concussion, stitches) or changes in your student's health: (Please explain):

_____

_____

Current information regarding allergies, asthma or other medical condition:

_____

_____

Please list medication the student is taking:

_____

Other information or concerns about your child's health you wish to share with the school:

_____

_____

❑ I have further information to discuss, please contact me.

Thank you for your assistance in updating your student's health records.

Parent/Guardian Signature: _____