

***(Please turn this completed form with registration packet )***

**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health concerns for the school nurse**

**Please list any/all health concerns for your child for example**

**Allergies, Seizures, Asthma, Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*\*\*\* If the school nurse has*** NOT ***verified your child’s immunizations please check with your child’s physician and verify all immunizations are up to date and a copy is provided to the school prior to 2020-2021 start of school\*\*\*\*\*\*\*\*\****



***Instructions to print forms online***

***Please keep***

**If your child requires *medication* at school please request a medication order that must be filled out by your physician after July 1st .**

* **To access medication form and parent authorization form on line.**
* **Go to LPSB.org /Click under parent tab/ Scroll to school health/medical forms click /Scroll to medication orders and both Parent form and order for physician can be printed**

**If your child requires a *special diet* please request form to be filled out by physician after July 1st.**

* **To access special diet form.**
* **Go to LPSB.org / Click on the parent tab/ Click on Child nutrition/ Click on Special diet and nutrition form**

**If your child requires a *Special Procedure* Doctor’s order**

* **Go to LPSB.org /Click under parent tab/ Scroll to school health/medical forms click / From there you can scroll to the order that you may need**

1. **Catherization orders tab/ Parent consent form**
2. **Suction orders tab/ Parent consent form**
3. **Tube feeding orders/ Parent consent form**
4. **Trach/Vent orders/ Parent consent form**

**\*\* *Please make sure you notify the school nurse at your school if special procedure orders are needed \*\****