2026-2027 LHS
Student Health History Update

Student Information

Last Name:	First Name:	
Class of:	Grade:	
Street Address: City:	State:	Zip:
Emergency Contact #1:		Relationship:
Home #:	Cell #:	Work #:
Emergency Contact #2:		Relationship:
Home #:	Cell #:	Work #:
Emergency Contact #3:		Relationship:
Home #:	Cell #:	Work #:
Student's Physician:		Physician #:

Please indicate all conditions/diseases and/or injuries. Please indicate specific instructions in the event of an emergency.

Condition/Disease/Injury	No	Yes	Comments/Instructions
Allergies-Food			
Allergies-Medicinal			
Allergies-Other			
Blood disorders			
Diabetes			
Eye (also, glasses/contacts)			
Gastrointestinal (Colitis, IBS, etc.)			
Hearing			
Heart			
Kidneys			
Liver			
ADD/ADHD			
Neurological			
Orthopedic (Knee, etc.)			
Respiratory (Asthma, etc.)			
Seizures/Seizure disorder			
Skin			
Spinal Injury/Scoliosis			
Syncope (fainting spells)			
Hospitalized within past year?			
Date of last tetanus shot?			

Additional Comments/Instructions:

Please list all medications student is currently taking.

Please list all medications student takes during school day.

Please list any surgeries within the past year.

Is there any other information of which we should be aware regarding your child's health?

In the case of an emergency, I give my consent to Lutheran High School to call "911" and to administer basic first aid treatment until the parent, guardian, or family doctor can be contacted and/or EMS arrives to administer aid.

_____

(NAME OF PREFERRED HOSPITAL)

LHS personnel are not to administer to or to have available for students any type of medication, prescription or non-prescription without parental consent. Students who bring prescription medication to school must report to the School Office with a note of parental permission and specific instructions for dispensation of such medication. Medication MUST be in the original prescription bottle or container. The medication will be kept in the School Office in a secure place and the students will be allowed to take their medication there. Students are NOT allowed to carry, monitor, and take their own non-prescription medication.

_____ _____

DATE SIGNATURE OF PARENT(S)/GUARDIAN

_____

PRINT NAME OF PARENT (S)/GUARDIAN