

LUBBOCK INDEPENDENT SCHOOL DISTRICT

STUDENT HEALTH FORM

Student Name		Age	
Grade		Date of Birth	
Parents Names			
Address		Zip Code	
Home Phone		Work Phone	
Doctor's Name		Doctor's Phone	
Insurance Company		Policy Number	
Insurance Company Address			
Are you allergic to any medication?	Yes	No	(please circle one)
If Yes, what medication are you allergic to?			
Do you have a medical condition that we need to be aware of before we leave on the trip?			
List any medications that you are taking on a regular basis:			
In the event of any emergency, I give an adult sponsor permission to seek medical attention for my child.	Yes	No	(Please circle one)

Parent/Guardian Signature: _____ Date: _____