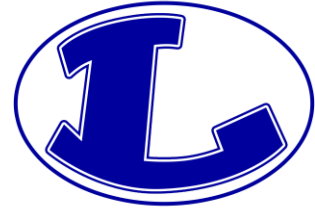


**LAMPASAS INDEPENDENT SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES  
207 W. 8TH STREET  
LAMPASAS, TX 76550**



**SCHOOL HEALTH SERVICES**

If your child is new to Lampasas ISD and has a medical need that requires special care while your child is at school, please complete this form. Krista Ellis, BSN, RN, Director of School Health, will contact you to discuss your child's needs in more detail before the start of school. A doctor's order will be required to perform most health-related services at school.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Physician: \_\_\_\_\_

**What is your child's health issue?**

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**What assistance or services does your child require from the nurse to be successful at school?**

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**Other Health Conditions:**

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**List of Medications:**

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**Current Health Insurance:**

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