				M 🗆 F 🗆
Student's Last Name	First	Middle	Birthdate	Grade
Doctor:	Phone #	Dentist:		Phone #
	HEALTH INFORM	ATION ABOUT Y	OUR CHILD	
⇒⇒ □ NO KNO	WN HEALTH PROBLEM	1S		
>>>>>> ADHD:	>>>>> Check only those that apply and return to school office <><>>>>> Requires medication? Yes \( \text{No} \) Name of medication			
☐ Asthma:	Requires medication/inhaler? Yes \( \Display \) No \( \Display \) Daily? \( \Display \) As Needed? \( \Display \) With exercise? \( \Display \) Name of medication \( \Display \) No \( \Display \)			
□ *Allergic reactions: (severe)				
□ 😂 🔞 Depression:	Requires medication? Yes  No Name of medication?			
☐ *Diabetes:	Type I □ Type II □ Medications? Oral □ Injection □ Given at school? Yes □ No □ Pump? □ Name of medicationMD's name/phone:			
☐ Ear Problems:	Frequent infections? Past ☐ Present ☐ Permanent hearing loss? ☐ Date of last exam?			
□ *Seizure Disorder:	Date of last seizure Requires medication? Yes \( \text{No} \) \( \text{No} \) \( \text{No } \) \( \text{No } \)			
☐ Heart problems:	Diagnosis:       MD's name/phone:         Medications? Yes □ No □ At Home? □ At School? □ Physical restrictions? Yes □ No □			
☐ Hospitalization:	Explain:			
☐ Orthopedic conditions:	Corrective shoes/braces?  Crutches?  Wheelchair?  Physical therapy?  CCS?  Other physical limitations?			
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☐ Vision problems:	Wears glasses? ☐ Contacts? ☐	Reading only?   All	the time? □ Da	ate of last exam:
☐ Taking medication for other reasons:	For what condition?  Name of medication  Given at school? Yes \( \simeq \) No \( \simeq \)	Dose MD's name/phone:	& frequency	
Please list other importa	nt health or behavior information: _			
Calif. Ed. Code 49423 - annually. This form mu	Students taking medication at sc st be on file with the school befor	hool need an "Authori e medication can be gi	zation for Medic ven.	ation" form completed
* These conditio	ns <u>require</u> a Health Care Plan. N All forms can be obtai	Note: Any of the above of the from the School He	onditions <u>may</u> requalith Office.	uire a Health Care Plan.
* Parent Signature:			Date:	