Las Virgenes Unified School District

Student Health Record

Please complete the following information and return with registration.

Student Name: ______________________________ Grade: _____ Gender: M / F

Birth Date: ____________ Place of Birth: ____________________ Race/ethnicity: _________

Parent/Guardian Name: ___________________________ Home #: ____________________

Parent Cell #: __________________________ Parent email: ___________________________

Schools attended: (include city and years of attendance) ______________________________

____

Siblings and grade in school: ____

MEDICAL INFORMATION: check & write the date of diagnosis for any that apply.

_____ Anorexia Nervosa
_____ Anxiety
_____ Asperger's
_____ Autism
_____ ADD
_____ ADHD
_____ Asthma
_____ Bipolar disorder
_____ Bulimia

_____ Cerebral Palsy
_____ Crohn's / IBS
_____ Depression
_____ Diabetes
_____ Heart condition
_____ Migraines
_____ Tourette's/tics
_____ Self-harm/cutting

_____ Hearing impairment
_____ Visual impairment
_____ Wears glasses/contacts

History of:

_____ Frequent ear infections
_____ Strep throat/infections
_____ Rheumatic fever
_____ Fainting spells
_____ Meningitis

Other: ____

Neurological or psychological problems: ____

Orthopedic problem: ____

Allergies:

_____ Medication: ______________________
_____ Food: ___________________________
_____ Bee/wasp stings: __________________
_____ Environmental: ___________________
_____ Requires Benadryl
_____ Requires Epi Pen

Communicable Diseases: list date of disease

_____ Chicken pox *
_____ Measles/German measles*
_____ Mumps
_____ Whooping cough
_____ Tuberculosis or exposure

* Requires DR. or LAB VERIFICATION

List all medications your child routinely takes, including those taken at home:

____

List and give year of any significant injuries or surgeries: ______________________________

____

List any other health problems or activity limitations: _________________________________

Doctor: ______________________________ Dr. Telephone #: _________________________

Parent Signature: __________________________________ Date: ____________________