

Evergreen Union School District
Student Health Information

Student Name _____

Grade _____

- Check here if student has **NO KNOWN HEALTH** problems.
- Check here if student has **KNOWN HEALTH PROBLEMS** and check all that apply below.
 - ADD/ADHD Asthma Diabetes ____Type I ____Type II
 - Seizures Heart Problems
 - Epi-Pen Severe Allergy to: _____
 - Other: _____

Does student have a condition that limits participation in: Classroom Physical Education

Please explain:

- Check here if student wears glasses/contact lenses.
- Check here if student has hearing loss or uses hearing aids.

List all medications (including dosage) taken by your child and indicate whether medication is needed at home, school or both.

AT HOME: _____

AT SCHOOL: _____

PLEASE NOTE: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication authorization form on file at the school, signed by parent AND physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.

WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)

- SPECIAL DAY CLASS (SDC)
- 504
- IEP
- SPEECH
- ELL

Special Instructions/Comments (Medical 504 plan, special health needs, emergency care plan, etc.):

X _____

Signature of Person Registering Student

Relationship to Student

Date

The information provided is accurate to the best of my knowledge, and I understand my responsibility.