SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

Annual Health Inventory – Year _____

Child's Name_____ Birth date_____Age_____

School_____ Grade_____ Teacher _____ Date_____

Healthy children learn better. Knowledge of special conditions and/or concerns will help teachers and staff better meet your child's learning needs.

Please take the time to answer these questions carefully. A school nurse is available to discuss concerns.

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL

Medical Provider:_____ Date of last exam:_____

Dentist:_____ Date of last exam:_____

Is your child under the care of a medical specialist (i.e., Ear doctor, allergist, orthodontist or psychologist)?

If so, please explain:_____

Does your child take any medication ☐ Yes ☐ No List:_____

Will medication need to be given during school hours? ☐ Yes ☐ No

Please note: <u>Any medication</u> (including over the counter) that needs to be given at school requires written instructions by a medical provider on an authorized form and special arrangements with the school nurse.

Please indicate if your child currently or has a history of any of the following conditions:

☐ **No change in health from previous school year.**

☐ Allergies to bee stings, food, medications, or environmental agents: (Please explain: _____

_____

☐ Asthma	☐ Serious illness or injury	☐ Hepatitis	☐ Wears hearing aides
☐ Hearing problems	☐ Convulsions or seizures	☐ Rheumatic Fever	☐ Diabetes
☐ Frequent Headaches	☐ ADHD / ADD	☐ Frequent nosebleeds	☐ Frequent Stomach aches
☐ Serious head injury	☐ Heart disease	☐ Anorexia or bulemia	
☐ Surgery for serious illness/injury	☐ Kidney disease	☐ Wears glasses	

PLEASE EXPLAIN ANY ITEMS YOU HAVE CHECKED: _____

_____

Does your child have any other condition that might affect learning? _____

_____

Does your child have any condition that requires special consideration in the classroom or for physical education?

_____

Has there been any traumatic event in your family within the past 12 months that would affect your child's school experience adversely.

IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS= RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS.

SOURCE OF HISTORY INFORMATION

Date: _____

_____

(Signature of person completing form)

☐ Parent ☐ Guardian