Acalanes Union High School District
Health Information

Please fill out this form upon your student's enrollment in the district OR if there are changes in his/her health status.

THE STUDENT MUST HAVE CURRENT IMMUNIZATION DATES ON FILE WITH THE SCHOOL NURSE. BE SURE IMMUNIZATION INFORMATION IS SUBMITTED TOGETHER WITH THIS FORM OR IS CURRENTLY ON FILE

In order to provide the best learning experience for the student, it is important that we have an understanding of the student's health status. Please complete this form and it will be given to the School Nurse. Please contact your School Nurse to discuss any health problem in more detail.

Date: _____ **Student's Name:** _____ (Last) _____ (First) _____ (Middle)

School: _____ **Grade:** _____ **Date of Birth:** _____ **Class of:** _____

Please check the appropriate boxes.

- ☐ Allergy, non-life threatening type: _____
- ☐ Allergy, life threatening (list type/medication* next page)
- ☐ Anxiety (list medication* on next page)
- ☐ Auditory Processing Problem
- ☐ Depression (list medication* on next page)
- ☐ Arthritis
- ☐ Asthma-mild
- ☐ Asthma-severe (list medication* on next page)
- ☐ ADD (list medication* on next page)
- ☐ ADHD (list medication* on next page)
- ☐ Bee sting-medication required (list medication*on next p.)
- ☐ Genetic disorder (explain on next page)
- ☐ Blood disorder/Hemophilia
- ☐ Blood/blood products (check if not to be given)
- ☐ Cancer/Leukemia
- ☐ Cerebral Palsy
- ☐ Concussion/head injury (give date/explain on next page)
- ☐ Cystic Fibrosis
- ☐ Diabetes type: _____ (list medication* on next page)
- ☐ Eating disorder
- ☐ Endocrine disorder
- ☐ Epilepsy/seizure disorder (list medication* on next page)
- ☐ Immunization exemption
- ☐ Fainting
- ☐ Gastrointestinal disorder type: _____
- ☐ Growth disorder
- ☐ Gynecological problems (explain on next page)
- ☐ Headache-severe
- ☐ Hearing loss (which ear ☐ L ☐ R)
- ☐ Hearing aid (which ear ☐ L ☐ R)
- ☐ Heart Condition
- ☐ Immune system disorder
- ☐ Infectious disease (explain on next page)
- ☐ Kidney/urinary disorder
- ☐ Medication prescribed * (list on next page)
- ☐ Medication required at school * (list on next page)
- ☐ Menstrual problems - severe
- ☐ Migraine (list medication* on next page)
- ☐ Nose bleeds – frequent/severe
- ☐ Orthopedic/joint disorders
- ☐ Physical activity limitations **
- ☐ History of serious injury (explain on next page)
- ☐ Skin problem
- ☐ Speech problem
- ☐ Surgery (date/explanation on next page)
- ☐ Tourette's syndrome (list medication* on next page)
- ☐ Vision impairment – color vision defect
- ☐ Vision impairment – glasses/contact lenses
- ☐ Other (explain on next page)
- ☐ No known health problems

*** REQUIRED: Medication Form available from District website and schools. Requires doctor's AND parent's signatures.**

**** Requires doctor's note.**

Can the student participate in a full Physical Education program? ☐ YES ☐ NO (doctor's note required)

The school nurse would usually like to share with the student's teacher(s) health information about the student which may affect his/her school work. Please initial here if you do NOT want information shared: _____

PARENT AUTHORIZATION FOR EXCHANGE OF INFORMATION WITH STUDENT'S PHYSICIAN

I hereby give my consent to the School Nurse to receive from or send any information to

Dr. _____ Phone: _____ Email: _____

concerning my child _____ OR to **decline** consent, initial here _____

Required Signature of Parent/Guardian who filled out this form: _____ Date: _____

Printed Name of Parent or Guardian: _____

Date: **Student's Name:** _____ _____

Please reference the condition and explain or list medications here:

Please download and print any of the following care plans for these significant health conditions and take to your physician to fill out. Return the hardcopy to the School Nurse.

Allergy/anaphylaxis care plan at: http://www.acalanes.k12.ca.us/AnaphylaxisCarePlan

Asthma care plan at: http://www.acalanes.k12.ca.us/AsthmaCarePlan

Diabetes care plan at: http://www.acalanes.k12.ca.us/DiabeticCarePlan

Seizure care plan at: http://www.acalanes.k12.ca.us/SeizureCarePlan