

**COVINA-VALLEY UNIFIED SCHOOL DISTRICT**

**Health Record Inquiry/Annual Update**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian:

In order for us to better serve your child during school hours, or in the case of an emergency, it is essential that we have the most current medical information. Any information you give us will be kept in the strictest of confidence and given only to the professional actively involved with your child.

What conditions or illnesses does your child have at the **present** time?

|   |  |
|---|--|
| <input type="checkbox"/> ADD, ADHD, Autism                    | <input type="checkbox"/> Hayfever: mild, moderate, severe.                       |
| <input type="checkbox"/> Allergy, severe: food, insect sting  | <input type="checkbox"/> Headaches: migraines                                    |
| <input type="checkbox"/> Asthma: mild, moderate, severe       | <input type="checkbox"/> Heart problem   |
| <input type="checkbox"/> Bleeding disorder                    | <input type="checkbox"/> Orthopedic impairment                                   |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Skin problems: eczema                                   |
| <input type="checkbox"/> Epilepsy/seizures                    | <input type="checkbox"/> Vision loss   |
| <input type="checkbox"/> Hearing loss: mild, moderate, severe | <input type="checkbox"/> Other: <input type="checkbox"/> Wears corrective lenses |

What **previous** conditions or operations would you like the school to be aware of?

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your child have any emergency medication at school?

- Inhaler
- Nebulizer
- Epi-Pen
- Glucagon

\*\* Parent/Guardian is responsible for notifying the school of any changes to health information/conditions.

\*\* I authorize the school to release this information to individuals or paramedics responding to an emergency involving my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date