

**SANTA CLARA UNIFIED SCHOOL DISTRICT
HEALTH INFORMATION FORM**

Student Name: _____ Birthdate: _____ Gender: _____ Grade: _____

BIRTH/DEVELOPMENT HISTORY:

Length of pregnancy (in months): _____

At what age did your child begin to talk? _____ At what age did speech become clear? _____

At what age did your child learn to walk? _____

MEDICAL INFORMATION:

Does your child have any of the following? If yes, please describe:

Allergies Yes No _____

Asthma Yes No _____

Diabetes Yes No _____

Hearing problem Yes No _____

Heart condition Yes No _____

Physical limitations Yes No _____

Seizures Yes No _____

Speech problem Yes No _____

Vision problem Yes No _____

Other health concern Yes No _____

Please list all medications your child is taking presently: _____

Is medication required at school? Yes No

If yes, specify: _____

Important: Parent/guardian must provide written medication authorization completed by health care provider annually for any medication administered during school. Forms available in office.

Date of last physical exam: _____ Date of last dental exam: _____

Does your child have health insurance? Yes No

If yes, list name of health insurance: _____

Parent/Guardian Signature

Date