SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

2021-2022 Confidential Student Health Information

Student Name: _____ Date of Birth: _____

Parent Name: _____ Phone: _____

☐ Preschool ☐ TK/Kinder ☐ New Student, Grade Level: _____

Wears Glasses/Contacts: ☐ Yes ☐ No Reason (nearsighted, farsighted, astigmatism, etc.): _____

Hearing Loss/Concerns: ☐ Yes ☐ No Notes: _____

My Child has a Health Condition ☐ No **(STOP HERE)** Parent Signature: _____ Date: _____

☐ Yes, Please complete remainder of form

Asthma: ☐ Severe ☐ Mild Triggers: _____

Medications*: _____ ☐ Taken at school ☐ Taken at home

Allergies: ☐ Anaphylaxis/Epi-pen ☐ Severe ☐ Mild Triggers: _____

Symptoms: _____

Medications*: _____

Date of most recent anaphylactic reaction: _____ ☐ N/A

Diabetes: ☐ Type 1 ☐ Syringe/Pen ☐ Pump ☐ CGM ☐ Independent in care

☐ Type 2 Medications*: _____ ☐ Taken at school ☐ Taken at home

(MD school orders are required prior to school staff participation in diabetic care.)

Seizures: **History** Age of first incident: _____ Type: _____ Treatment: _____

Current Seizure Disorder Type: _____ Date of most recent seizure: _____

Medications*: _____ ☐ Taken at school ☐ Taken at home

☐ VNS

Other Health Conditions: _____

Medications*: _____ ☐ Taken at school ☐ Taken at home

***The school requires a completed medication authorization form for any medication, over the counter and prescription, that is taken at school. This applies to all student medication at school, whether it is kept in the health office or with the student. The form must be completed annually by the parent/guardian and a licensed health care provider. Forms are available at the school office.**

Parent Signature **Date** **Nurse Signature** **Date**