



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

Student Support Services

1400 E. Janss Rd., Thousand Oaks CA 91362

(805) 497-9511

Student Health Inventory

Name: _____ Date: _____
(last) (first) (middle)

Birthdate: _____ Gender: [] Male [] Female [] Non-Binary Grade in 2022-2023: _____

Student Emergency Health Information: At no time may students carry any medication, including over-the-counter medication on their person at school. Medications needed at school, including emergency/allergy medication require a physician-signed, school- provided medication authorization. Please identify and describe any health problems, chronic illnesses, serious injuries, or special medical needs below.

- ___ Asthma ___ Frequent Headaches ___ Orthopedic Problem
___ Allergies (see below) ___ Hearing Impairment ___ Speech Impairment
___ Convulsive Disorder (epilepsy/seizures) ___ Heart Condition ___ Vision Impairment
___ Diabetes ___ Kidney Problems ___ Other:

1. List any serious or life-threatening allergies to drugs, food, insect stings: _____

2. List daily and/or emergency medications taken at home: _____

Reason: _____

3. List daily and/or emergency medications taken at school: _____

Reason: _____

4. Identify any other health problems: _____

5. Has your child ever sustained a head concussion? _____ Date of concussion: _____

Communicable Diseases: Please give date if child has had any of the following:

- ___ Chicken Pox ___ Mumps ___ Rubella/German Measles
___ Measles ___ Rheumatic Fever ___ Tuberculosis

Physician's Name: _____ Phone Number: _____

AUTHORIZATION FOR TREATMENT: In the event of an emergency requiring immediate medical attention, I hereby authorize the Conejo Valley Unified School District to obtain emergency transportation and treatment on my child's behalf. The undersigned authorizes the hospital to provide appropriate treatment. I understand that every effort shall be made by the hospital to contact the parent or guardian prior to any treatment, but treatment shall not be withheld if the parent or guardian cannot be reached. I also understand that the Conejo Valley Unified School District does not assume any financial responsibility for medical care or ambulance transportation. These authorizations and permissions shall be and remain in full force and effect for the current school year unless revoked in writing. I also understand that I should contact the school immediately if there are any changes in the information contained on this sheet.

Parent/Guardian Signature: _____ Date: _____