



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**

**Student Health Inventory**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Gender:  Male  Female  Non-Binary Grade in 2024-2025: \_\_\_\_\_

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: \_\_\_\_\_