

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
Student Health Information Form

Student Name: _____ DOB: _____ Student ID: _____
School: _____ Grade: _____

NO HEALTH CONCERNS AT THIS TIME

Indicate if your student has any of the following health conditions:

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergy: Food | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Kidney Disorder |
| <input type="checkbox"/> Allergy: Insect Bite/Sting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Allergy: Other | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Condition | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Heart Condition | |

If you checked any of the boxes above, or if your student has medical conditions not listed, please explain (including **specific food, medication or other serious allergies and reactions**): _____

I agree to provide the medications indicated below **in original prescription containers which are labeled with the name of the student**, the prescribing physician, the medication and dosage. If further clarification is needed from the prescribing physician, I will be contacted to provide additional documentation. California Education Code § 49480. **I understand that continuous medication requires annual authorization to the school's health office.**

Please list all medications your student is currently taking and add Medication Authorization Form if your student takes at school:

Medication Name _____ Dose _____ Reason _____
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I authorize the school nurse, or trained personnel, to render treatment deemed necessary in case of an emergency. I authorize medical information to be shared with appropriate personnel. I will not hold San Dieguito Union High School District financially responsible for the emergency care and/or transportation of said student.

In accordance with California Education Code §49407, I hereby RELEASE, DISCHARGE, and HOLD HARMLESS the San Dieguito Union High School District, its Board of Trustees, officers, employees and agents from all liability, including injury, death, adverse reactions, or other damages which may arise from the self-administration or assisting with administration of medication according to the authorization and instructions of the undersigned parent/guardian and physician described herein.

Signature Of Parent / Guardian / Eligible Student

Date