



# HEALTH RECORD INQUIRY

Form also available at: [www.etiwanda.org](http://www.etiwanda.org)

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Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**My child has no health issues.** (Please sign and date this form below and return it to your child's school.)

**Dear Parent/Guardian:**

In order for us to better serve your child, we are asking you to answer the following questions. Information you give us will be kept in the strictest of confidence and be given only to the professionals\* actively involved with your child. If answers to the questions below change during the school year, please notify the school. Education Code section 49414 requires schools to have emergency epinephrine auto-injectors available to school nurses or trained personnel for emergency use.

**What conditions or illnesses does your child have at the present time?** (e.g., allergies [food, medications, bee sting, etc.], diabetes, epilepsy, heart condition, etc.) \_\_\_\_\_

*If your child requires special meal accommodations for allergies or other medical needs or currently has eating, feeding or swallowing difficulties, you must have your physician complete and sign the "Medical Statement to Request Special Meals and/or Accommodations" form available on our website [www.etiwanda.org](http://www.etiwanda.org) under "Parents/Forms and Documents/Medical Forms".*

**Has your child has been diagnosed with asthma or does your child have a history of asthma?**  Yes  No

**Has your child recently experienced symptoms of asthma and/or is your child at risk for potentially severe asthma attacks?**  Yes  No If yes to any of the questions regarding asthma, please explain: \_\_\_\_\_

**Has your child ever had an operation?**  Yes  No If yes, when? \_\_\_\_\_

For what specific condition? \_\_\_\_\_

**Does your child take daily medications at home?**  Yes  No

Under Education Code section 49480, if your child is on continuing medication for a non-episodic condition, **you are required** to provide the following information to the school: (Medication) \_\_\_\_\_; (Current Dosage) \_\_\_\_\_ (Physician)\_\_\_\_\_. My/our child ( ) is / ( ) is not on continuing medication for a non-episodic (*consistent*) condition.

**Does your child take any medication(s) other than those listed above?**  Yes  No If yes, list any other medications not listed above such as those taken on a non-regular basis: \_\_\_\_\_

*If your child requires medications during school hours, you must sign and have your physician complete and sign the "Medication Parental Consent Form" available on our website [www.etiwanda.org](http://www.etiwanda.org) under "Parents/Forms and Documents/Medical Forms".*

Please print the name of your physician and their phone number. This information is necessary in the event that we are not able to contact you in an emergency.

\_\_\_\_\_  
*Physician* Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\* **In an emergency I authorize that this information may be released to emergency individuals and/or paramedics.**

\_\_\_\_\_  
*Parent/Guardian Signature* Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature* Phone Number \_\_\_\_\_ Date \_\_\_\_\_