



HEALTH RECORD INQUIRY

Form also available at: www.etiwanda.k12.ca.us

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Health Service Coordinator

Student: _____ Date of Birth: _____ Grade: _____

Dear Parent/Guardian:

In order for us to better serve your child, we are asking you to answer the following questions. Any 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.

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

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, for what specific condition? _____

When? _____

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: _____

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.

_____ <i>Physician</i>	_____ <i>Phone Number</i>	_____ <i>Date</i>
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*** In an emergency I authorize that this information may be released to emergency individuals and/or paramedics.**

_____ <i>Parent/Guardian Signature</i>	_____ <i>Phone Number</i>	_____ <i>Date</i>
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