

**NEWHALL SCHOOL DISTRICT
HEALTH CONDITIONS FORM**

DATE COMPLETED: _____

Your child's success in school depends to a great extent on his/her physical well being. In order to provide appropriate care for your child at school, we request that you complete the following form. All health information is confidential and will be given to teachers and school personnel who are involved with your child.

Last Name		First Name		Sex	Birthdate
School			Grade	Teacher	
Parent Name			Home Phone		Cell Phone

Student's Physician			Physician's Phone Number		
Student's Dentist			Dentist's Phone Number		
Father's Name		Lives in home (circle one) yes/no		Occupation	
Mother's Name		Lives in home (circle one) yes/no		Occupation	

If your child is in good health, please check the box here and return this form to school. Otherwise, complete the form below and return to school ASAP.

HEALTH PROBLEMS (Circle the items that apply to your child.)		Parent Authorization: I hereby give my consent to Newhall School District to receive from or send to the doctor listed any information concerning the health and safety of my child. Physician's Name: _____ Address: _____ Phone Number: _____ Parent Signature: _____
A. Asthma	J. Diagnosed ADD/ADHD	
B. Bee Sting Allergy	K. Wears Contact Lens	
C. Color Vision Deficiency	L. Bleeding Disorder	
D. Diabetes/Hypoglycemia	M. Needs Medicine at School	
E. Seizure Disorder	N. Frequent Nosebleeds	
F. Food Allergy: _____	O. Orthopedic Condition	
G. Wears Glasses	P. Known Vision Loss (R L)	
H. Known Hearing Loss (R L)	Q. Other _____	
I. Allergies: _____ Drug Allergies: _____		

Yes	No	(Please check yes or no.)	
		1. Has your child had any serious accidents/head injuries?	If yes, please describe:
		2. Has your child had any operations?	If yes, please describe:
		3. Has your child been hospitalized?	If yes, please explain:
		4. Does your child have limited physical activities?	If yes, please explain:
		5. Is your child currently under the care of a physician?	If yes, please explain:
		6. Is your child taking any medication on a daily basis?	If yes, please give name of medication:

The District Nurse will be happy to talk with you personally about any special health needs with which the school should be familiar. **You may contact the District Nurse at (661) 291-4184**