

Walnut Valley Unified School District

"KIDS FIRST - Every Student, Every Day"

880 S. Lemon Avenue • Walnut, California 91789 • Tel. (909) 595-1261

STUDENT HEALTH ASSESSMENT

Your child's learning depends upon good health. Please complete the assessment if your child has health problems. If your child has **NO HEALTH PROBLEMS**, fill out the student information, sign and date the form on the bottom and check the box indicating "**NONE**" below your signature. Current health problems/conditions should also be listed on the student's emergency card.

Name _____ DOB ____/____/____ Grade _____
Last First Middle

Parent/Guardian Name _____ Phone # (____) ____-____

If no health problems, proceed to signature.

Does your child have:

Allergies Yes No To drugs, food, pollen? Please list _____
Has the allergy required emergency (911) action in the past? Yes No
Comments: _____

Bee sting allergy Yes No Describe reaction _____
Difficulty breathing? Yes No
Need emergency medication (911) Yes No

Asthma Yes No Triggered by _____ Treatment _____
Diagnosed by doctor _____ Date _____

Diabetes Yes No Takes insulin? Yes No Date Diagnosed _____
Endocrinologist _____ Phone _____

Epilepsy/Seizures Yes No Describe seizure _____
Date of last seizure _____ Medication _____
Is student currently under a doctor's care for seizures? Yes No
Neurologist Name _____ Phone _____

Heart Condition Yes No Describe _____
Any physical restrictions? _____ Medication Yes No
Cardiologist name _____ Phone _____

Bone or joint problems Yes No Describe _____
List physical restrictions/limitations _____

Select the following regarding health concerns that required medical attention:

Hearing Loss Yes No Explain _____ Hearing aid Yes No

Nosebleeds Eating disorder Sleeping Bladder Requires catheterization

Respiratory Neurological Headaches Bowel Requires diapering

Phobias ADD/ADHD Dental problems Skin Menstrual problems

Blood disorder Blood pressure Other _____

Does the student take daily medication(s) and reason for taking _____

List serious illness or injuries _____

Other health information or concerns _____

Signature of Parent/Guardian _____ Date _____

NONE