



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

Student Health Inventory

Name: _____ Date: _____
Last First Middle

Birthdate: _____ Gender: Male Female Non-Binary Grade in 2025-2026: _____

Student Emergency Health Information: Students may not possess any medication, including over-the-counter medicines, on their person or in their locker or belongings at school. Medications needed at school, including emergency/allergy medication, require a physician-signed, school-provided medication authorization. Please describe any health problems, chronic illnesses, serious injuries, or special medical needs below.

- | | | |
|---|--------------------|--------------------|
| Asthma | Frequent Headaches | Orthopedic Problem |
| Allergies (see below) | Hearing Impairment | Speech Impairment |
| Convulsive Disorder (epilepsy/seizures) | Heart Condition | Vision Impairment |
| Diabetes | Kidney Problems | Other: _____ |

1. List any serious or life-threatening allergies to drugs, food, or insect stings: _____

2. List daily and/or emergency medications taken at **home**: _____

Reason: _____

3. List daily and/or emergency medications taken at **school**: _____

Reason: _____

4. Identify any other health problems: _____

5. Has your child ever sustained a head concussion? _____ Date of concussion: _____

Communicable Diseases: Please give the date if the child has had any of the following:

- | | | |
|-------------------|-----------------------|------------------------------|
| _____ Chicken Pox | _____ Mumps | _____ Rubella/German Measles |
| _____ Measles | _____ Rheumatic Fever | _____ Tuberculosis |

Physician's Name: _____ Phone Number: _____

AUTHORIZATION FOR TREATMENT: In the event of an emergency requiring immediate medical attention, I hereby authorize the Conejo Valley Unified School District to obtain emergency transportation and treatment on my child's behalf. The undersigned authorizes the hospital to provide appropriate treatment. I understand that every effort shall be made by the hospital to contact the parent or guardian prior to any treatment, but treatment shall not be withheld if the parent or guardian cannot be reached. **I also understand that the Conejo Valley Unified School District does not assume any financial responsibility for medical care or ambulance transportation.** These authorizations and permissions shall be and remain in full force and effect for the current school year unless revoked in writing. I also understand that I should contact the school immediately if there are any changes in the information contained on this sheet.

Parent/Guardian Signature: _____ Date: _____