LOS GATOS UNION SCHOOL DISTRICT
17010 Roberts Road, Los Gatos, CA 95032
Phone (408) 335-2000 Fax (408) 395-6481

HEALTH INFORMATION RECORD FORM #5

(Required prior to starting school)

Your answers to the following questions will provide valuable information for our health records and will assist us in planning your child's school program.

Last Name _____ First Name: _____ Middle Name _____ Gender _____
Address _____ DOB _____
Parent or Guardian _____ Home Phone _____
Doctor _____ Doc Address _____
Dentist _____ Den Address _____
Last School Attended _____ City, State _____
Brothers1 _____ Ages1 _____
Brothers2 _____ Ages2 _____
Brothers3 _____ Ages3 _____
Sisters 1 _____ Ages1 _____
Sisters 2 _____ Ages2 _____
Sisters 3 _____ Ages3 _____

Does your child have any of the following conditions?

☐ Asthma	☐ *Chicken Pox	☐ Ear Infections	☐ Joint Pains	☐ Sore Throats
☐ Diabetes	*When?_____	☐ Headaches	☐ Seizures	☐ Other

Has your child had any serious illness, operations, accidents, or hospitalizations? _____ When?_____

Please Describe: _____

I authorize health information to be shared with appropriate school personnel as needed.

Special Health Information – Please indicate if your child has any of the following:

Health Concerns	
Allergies	
☐ Food	☐ Food requiring Epipen/Benadryl
☐ Environmental	☐ Bee Sting requiring Epipen/Benadryl
☐ Bee Sting	☐
☐ Medication	☐
Vision Concerns	
☐ Wears glasses or contacts	☐ Color Vision deficiency
Hearing Concerns	
☐ Hearing Loss – Fluctuating or permanent	☐ Ear, nose or throat issues
☐ Wears Hearing Aids	☐
Physical Disability – CP, heart disorder, arthritis	
☐ Limited Physical Activities	☐
Other Health Concerns	
☐ Birth Complications or Congenital Defects	☐
☐ Taking Medication	

Please note any other important health or behavior information: _____

Are there any problems or matters you would like to discuss with the Nurse? _____

Date: _____ Signature: _____

(All grades 2018-2019)