



5130 Riverside Drive • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us

BOARD OF EDUCATION: Andrew Cruz • Christina Gagnier • Irene Hernandez-Blair • James Na • Joe Schaffer • SUPERINTENDENT: Norm Enfield, Ed.D.

### Health History For Registration

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**This information may be shared with school staff as necessary to protect your child’s health and safety.**

Has your child ever had any of the following:

	YES	NO	
Allergies	_____	_____	to what? _____
	Is any allergy <b>life-threatening</b> ? Yes ___ No ___ which allergy? _____		
Asthma	_____	_____	is it severe? Yes ___ No ___
Bee sting allergy	_____	_____	is it <b>life-threatening</b> ? Yes ___ No ___
Convulsive seizures	_____	_____	date of last seizure _____
Diabetes	_____	_____	insulin-dependent? Yes ___ No ___
Fracture	_____	_____	date _____ which bone(s)? _____
Head injury	_____	_____	date _____ was he/she hospitalized? Yes ___ No ___
Heart condition	_____	_____	are there physical restrictions? Yes ___ No ___
Hearing loss	_____	_____	hearing aids worn? Yes ___ No ___
Orthopedic problem	_____	_____	describe _____
Surgery	_____	_____	date _____ type _____
Tuberculosis	_____	_____	date of last TB test _____
Urinary problem	_____	_____	needs accommodations? Yes ___ No ___
Vision problem	_____	_____	glasses? ___ contacts? ___

Any conditions/serious illness that would need special consideration by the school? Yes \_\_\_ No \_\_\_

Describe/details: \_\_\_\_\_

Name of all medications taken regularly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child will be taking **any** type of medication at school or school activities, please ask for the Chino Valley Unified School District Medication Administration Form. This **must** be on file before medication can be given or carried at school/school activities. This includes over the counter as well as prescription medication.

Permission for First Aid is given: Yes \_\_\_ No \_\_\_

Does your child have health insurance? Yes \_\_\_ No \_\_\_ If you would like information on various health plans, please contact the school’s Health Office.

Parent/Guardian Name

Parent/Guardian Signature

Date