



PASADENA UNIFIED SCHOOL DISTRICT

Health Programs

2022-23 Health Update

To Parent/Guardian:

We would like to update your child's health record. **If your child has a significant health problem it is your responsibility to speak to the school nurse regarding the health concern.** In addition to speaking to the school nurse please help us by filling out the following: (Write "none" if not applicable)

Student Name: (Last Name, First Name) _____ Birthdate: _____ Grade: _____

Health Problems: _____

Current Medication: _____

Does your son/daughter need to take medication at school? _____

Is your child allergic to any food or medicine? Please name: _____

Is this student covered by Health Insurance/Medi-Cal? _____ Type: _____

If you do not have health insurance, you may be eligible for an affordable health care program. Please contact Young and Healthy at 626-795-5166 for more information.

Current Health Care Provider: Name: _____

Phone: _____

Date of last physical exam: _____ Wears glasses:: _____

Anything else you would like the health office to know? _____

Alternate Emergency Contact: Name: _____

Phone: _____

Parent/Guardian Signature

Date