

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____

Student Name _____ ☐ Male ☐ Female ☐ Nonbinary

Birthdate _____ Age _____ Grade _____

☐ My child **does not** have any health issues at this time.

If your child has health issues please answer the following questions:

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐ Yes ☐ No If yes,

Name of medication _____ Name of medication _____

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If your child must take prescriptions or over the counter medications during the school day, complete the Medication Administration parent/physician authorization form and return to the school office. (One form for each medication).

Check ☒ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ Asthma

☐ Seizures

☐ Date of last seizure _____

☐ Type _____

☐ Currently takes medication for seizures _____

☐ Allergies

☐ Bees

☐ Foods _____

☐ Medication _____

☐ Other _____

☐ Lactose Intolerance

☐ Physical Limitations _____

☐ Special Equipment needed at home

☐ Special Equipment needed at school

☐ Heart/Cardiac Condition _____

☐ Other Conditions _____

☐ Diabetes ☐ Type I ☐ Type II

• Has your child been hospitalized for diabetes? ☐ Yes ☐ No

If yes, give date and explain hospital course: _____

• Can your child monitor his/her blood glucose level independently? ☐ Yes ☐ No

• Can your child tell if he/she is having symptoms of high or low blood glucose levels? ☐ Yes ☐ No

If yes, what are his/her symptoms? _____

• Has Glucagon ever been given to your child? ☐ Yes ☐ No Last given: _____

Is your child ***currently*** under a doctor's care for any of the above? ☐ Yes ☐ No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

☐ I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

☐ Original to Cum ☐ Sent to District Nurse ☐ Health Assistant ☐ Teacher