



Trinity County Office of Education

Fabio Robles, Ed. D
Trinity County
Superintendent of Schools

P.O. Box 1256 • 201 Memorial Drive, Weaverville, CA 96093-1256
(530) 623-2861 • FAX (530) 623-4489
<https://www.tcoek12.org>

CONFIDENTIAL STUDENT HEALTH HISTORY 2024-2025 School Year

Student's name _____ Date _____

Student's Date of Birth _____ Age _____ Grade _____

Doctor _____ Dentist _____

Eye Doctor _____

Has your child had a psychological/educational evaluation? Yes/No

Name of Counselor _____

Does your child wear glasses? Yes/No Contact lenses? Yes/No

Has your child experienced any hearing loss or difficulties? Yes/No

If yes, please explain.

Has your child ever been hospitalized or had an operation? Yes/No

If yes, please explain.

Do you have any health concerns you wish to discuss with the school nurse? Yes/No

Comments:

*Please contact the school office regarding the "Medications at School" policies
if your child must take prescriptions or over the counter medications during the school day*

Does your child take any medications on a routine basis? Yes/No

Name of medication _____

Purpose of medication _____

Name of medication _____

Purpose of medication _____



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Check ☒ the box and explain if your child has a history of or now has the following condition(s):

☐ Asthma

- ☐ Mild ☐ Moderate ☐ Severe
☐ Rescue Inhaler with student
☐ Rescue Inhaler in school office

☐ Allergies

- ☐ Bees/Insects _____
☐ Foods _____
☐ Medication _____
☐ Other _____
☐ Epi-Pen at home ☐ Epi-Pen at school

☐ Seizures

- ☐ Use emergency care plan at school

Physical Limitations _____

- ☐ Special Equipment needed at home
☐ Special Equipment needed at school

☐ Diabetes ☐ Type 1 ☐ Type 2

☐ Heart Murmur/Disease _____

☐ My child has no health issues at this time.

Parent printed name _____ Daytime phone _____

Parent/Guardian signature _____ Date _____