



PLEASANT VALLEY SCHOOL DISTRICT
 600 Temple Avenue, Camarillo, CA 93010
 Phone (805)389-2100 www.pleasantvalleysd.org

Student Health Questionnaire (Confidential)

All information is confidential and used to support your
 Child's health and safety at school.

General History:

Student Name:	
Date Of Birth:	Gender:
Grade:	School:
Parent/Guardian Name:	
Phone Number:	Email:
Physician Name:	Phone Number:

Please check all conditions that apply to your child's health history and indicate whether they are Past or Current.

Condition	Past	Current	Condition	Past	Current	Condition	Past	Current
ADD/ADHD			Autism (ASD)			Anaphylaxis		
Accident/Injury/Broke n Bone			Asthma/Respiratory Condition			Arthritis		
Bladder Disorder			Blood/Bleeding Disorder			Bowel/Toileting Issues		
Cancer			Dental Concerns			Diabetes		
Ear Infections/Ear Tubes			Eating/Feeding Concerns			Fall Risk/Balance Concerns		
Frequent Colds/Flu			Gastrointestinal Issues			Heart Problem		
Head Injury			Hearing Concerns/Loss/Aids			Kidney Problem		
Liver Disorder			Mental Health/Emotional			Mobility Device(s)		
Muscular Disorder			Neurological Disorder			Orthotics		
Physical Activity Restrictions			Seizure Disorder			Severe Headaches/Migraine		
Severe Infections			Shunt			Skin Condition		
Sleep Disorder			Speech Impairment/Delay			Surgeries		
Vision Problems/Glasses			Other (please describe):					

***Explain any medical condition or anything you would like the school to know about your child**

Medications (if applicable):

Medication Name:		Where Taken: (Home/School)	
Condition Treated:			
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Condition Treated:			
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Condition Treated:			

Consent: I agree to notify the school of any changes to my child's health information and consent to appropriate sharing with school staff. I will contact the district school nurse if I have any concerns or questions regarding my child health condition.

Parent/Guardian Signature: _____ **Date:** _____