LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT
685 East Jack London Blvd., Livermore, CA 94551
Telephone: (925)606-3200 Fax: (925) 606-3336

School: _____
Grade: _____

STUDENT NAME: _____

Yes No ALLERGIES?: Seasonal: _____ Food:_____

Other Allergens?: _____

Yes No Regular MEDICATION(S) (Besides vitamins)?: Name, Dose, F

Yes No Problems at birth or in infancy?: _____

Yes No HOSPITALIZATION(S)/SURGERY: Date/Reason:? _____

Yes No DEVELOPMENTAL Problems?: _____

Yes No CURRENT BEHAVIORAL Problems?: _____

Yes No EMOTIONAL Issues?: _____

Yes No HEARING Problems?: _____

Yes No VISION Problems?: _____

Yes No HEADACHES: Type/Frequency?: _____

Yes No HEART PROBLEMS or Defect?: _____

Yes No ASTHMA?: _____

Yes No DIABETES: Type 1 or 2? Medication and method of deliver

Yes No SEIZURES or CONVULSIONS?: _____

Yes No PHYSICAL DISABILITY?: _____

Yes No DIGESTIVE PROBLEMS? _____

OTHER HEALTH CONCERNS/ISSUES?: _____

_____

PARENT/GUARDIAN SIGNATURE: _____

If your student has a life-threatening health condition or allergy, please con
care planning at school. http://www.livermoreschools.org/healthservices