

STUDENT HEALTH HISTORY INFORMATION

Prescription and over-the-counter medication cannot be administered by school personnel unless there is a completed parent/physician request Form 67 on file in the school office.

Check "No" or "Yes" if your child has had any of the following conditions:

	No	Yes	
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	medication taken _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	medication taken _____
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>	medication taken _____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	medication taken _____
Emotional Issues	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____
Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____
Home Hospital	<input type="checkbox"/>	<input type="checkbox"/>	reason/date(s) _____
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	medication taken _____
Immunosuppressed	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____
Latex Allergy	<input type="checkbox"/>	<input type="checkbox"/>	treatment _____
Seasonal allergies	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	treatment _____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____ Date of last seizure: _____
Vision conditions	<input type="checkbox"/>	<input type="checkbox"/>	type/treatment _____

Medications taken regularly: _____

Other health problems and/or restrictions: _____

Are there any life threatening conditions? _____

Family Physician _____ Phone _____

In case of serious accident or illness at school, if you cannot be reached, we will take your child to a local emergency room.

PUBLICATION INFORMATION

If you wish to have your child's name or picture WITHHELD from school photographer, directories, yearbook, school newsletter, local newspaper, or posted on the District Web site for honor roll, class activities, etc.,
 please initial here _____
Parent Initial

If you wish to have your name WITHHELD from PTA/Parent Club,
 please initial here _____
Parent Initial

INTERNET USAGE

I do NOT wish my student to have access to the internet _____
Parent Initial

Siblings attending Roseville City School District Schools:

Name _____
 Relationship _____ School _____
 Name _____
 Relationship _____ School _____

For School Use Only

Date Cum Requested/Sent _____	Date Left _____
Requested From _____	Address _____ City & Zip _____
Sent To _____	Address _____ City & Zip _____

THIS IS TO CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

- My signature certifies under penalty of perjury that the home address listed is my true legal residence as parent/guardian of the above-named student.
- I understand that failure to provide true and correct residential information may result in the disenrollment of the above-named student.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES IN THE INFORMATION REPORTED ON THIS FORM.

_____ Date _____ Parent Guardian Signature _____ Relationship to Student _____