



Poway Unified School District  
15250 Avenue of Science, San Diego CA 92128

**Health Services**  
**Student Health Information**

STUDENT: \_\_\_\_\_  M  F BIRTHDATE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PARENT/GUARDIAN:** Please **CHECK** the appropriate number(s) that best describes your student’s current health condition(s) and return completed form to school. Please provide specific information regarding conditions that may affect student learning and participation in school activities.

**MEDICATION:** All medication (prescription, over-the-counter, homeopathic remedies, vitamins, etc.), which *is to be administered during the school day or during school-sponsored activities*, requires an Authorization for Medication Administration (H-26) to be completed and signed by physician and parent. Students are not allowed to carry medication without an Authorization to Carry Medication (H-26B) on file. Both medication forms may be found on the PUSD Health Services website. Submit completed medication form to school Health Technician and any school sponsored activity your student may attend.

Number	Health Condition	Specific Information
009	ADD/ADHD	Medication: (031)
206	Allergy- <b>Life Threatening</b>	Medication: (031)
005	Allergy - <b>Non-Life Threatening</b>	Medication: (031)
007	Asthma-Mild to Moderate	Medication: (031)
207	Asthma- <b>Serious</b>	Medication: (031)
008	Autism	Medication: (031)
022	Birth Defect/Genetic Disorder	Description:
227	Blood Disorders (Chronic)	Medication: (031)
216	Diabetes Type:	
020	Emotional/Psychological/Eating Disorder	Medication: (031)
023	Hearing Problems (infections, tubes, nerve damage, etc.)	
024	Deaf/Hard-of-Hearing	Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>
025	Hearing Aids	Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/>
026	Heart Problems – No restrictions	Describe:
226	Heart Problems – Restrictions:	Medication: (031)
031	Medication – Name:	
033	Migraine Headache	Medication: (031)
042	Orthopedic Condition	Description:
046	Prosthesis	
045	Scoliosis	
237	Seizure Disorder – Type:	Medication: (031)
054	Visual Impairment	Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/>
052	Glasses/contact lens	Distance <input type="checkbox"/> Reading <input type="checkbox"/>
055	Color Deficient/Color Blind	
256	OTHER <u>SERIOUS</u> ILLNESS/INJURY/ HEALTH CONCERN (LIFE THREATENING)	Description:
056	OTHER ILLNESS/INJURY/HEALTH CONCERN (NON-EMERGENCY)	Description:
000	<b>NO HEALTH CONCERNS AT THIS TIME</b>	
<b>New Students Only!</b>		Has your student ever attended a California Public School (including Transitional Kindergarten or Kindergarten)? <input type="checkbox"/> Y <input type="checkbox"/> N
If “ <b>Yes</b> ” name <u>one</u> California School or School District attended.		

Parent/Guardian Signature

Date