

**SIMI VALLEY UNIFIED SCHOOL DISTRICT
STUDENT HEALTH INFORMATION UPDATE**

Student Name: _____ **ID #:** _____

Below is the present health information on your child. Please review this information and make any necessary corrections or additions.

Current Information

New Health Problems

<u>Name of Health Problem</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Medication</u>	<u>At Home</u>	<u>At School</u>
-------------------------------	-------------	-----------------	---------------	-------------------	----------------	------------------

PRIMARY DOCTOR: _____

PHONE: _____

SIGNATURE: _____

Parent/Guardian

DATE: _____