



HEALTH SERVICES



Healthy Children Learn Better. . . Health Services Make It Happen!

District School Nurse
(760) 868-5805 Phone
(760) 868-5806 Fax

Snowline Joint Unified School District
9558 Wilson Ranch Road
P.O. Box 296000
Phelan, CA 92329-6000

Student Health Condition Information Form

Date: _____ School: _____ Teacher: _____ Grade: _____

Student Name: _____ DOB: _____

Parent/Guardian: _____

Physical Address: _____

Home Telephone: _____ Cell Phone: _____ Work phone: _____

Physician: _____ Phone: _____ Fax: _____

Insurance/Hospital: _____

Medical Diagnosis and Description: _____

Medications: _____

Treatment for condition: _____

School Limitations: _____

Food Limitations: _____

Physical education limitations: _____

Please attach a copy of any Doctor's orders.

If your child/s health condition does not warrant extra care at school, please check the statement in the box below, sign this form and return it to your child's school Health Office no later than _____.

I hereby verify that the health condition indicated above for my child does not warrant extra care at school. I will notify the school Health Office if my child's health status changes.

Date: _____ Parent/Guardian signature: _____