

**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>
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PRIMARY DOCTOR: _____ **PHONE:** _____

SIGNATURE: _____ **DATE:** _____

Parent/Guardian