

**CHICO UNIFIED SCHOOL DISTRICT  
1163 E. 7<sup>th</sup> Street, Chico, CA 95928**

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**REGISTRATION HEALTH RECORD**

Name of Pupil \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Pupil's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Number of children living at home \_\_\_\_\_ Child lives with: Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_

Please check appropriate response for each condition listed below:

Yes	No	Head	Age	Yes	No	Eye
		Concussion				Glasses Full time <input type="checkbox"/> Reading Only <input type="checkbox"/>
		Tendency to faint				Contacts
		Convulsions		Yes	No	Ear, Nose, Throat, Mouth
		Recurrent headaches				Hearing loss
						Difficulty with speech

Yes	No	Special Needs
		Epilepsy: Type: Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/> Other <input type="checkbox"/>
		Diabetes: Insulin Dependent? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Asthma: Inhaler Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Bee Sting reactions other than mild local swelling EpiPen Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Allergic reaction to medicine or food. If so, please list:
		Heart Condition (specify):

**According to the Education Code, parents are required to inform the school if their child is on routine medication.**

Name of Medications(s): \_\_\_\_\_

Medication is taken at: Home  School  Home and School  **If medication is brought to school and/or carried on your student's person, proper paper work is required and mandatory to have on file in health office. Please contact school health office for forms and information.**

List any special health problem or physical disability that should be brought to the attention of the school nurse or teacher:

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

My child has had Special Services in a previous school. Yes \_\_\_ No \_\_\_ Please circle: Speech, Special Day Class, Resource Program, Psychological Testing, Adaptive Physical Education, Other: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE PAGE 2**

Signature of Parent or Guardian

Relationship

Date

If guardian, have guardianship papers been completed: Yes \_\_\_ No \_\_\_

**DEVELOPMENTAL HISTORY – Page 2**

Name of Pupil: \_\_\_\_\_

Pregnancy with above-named child: (Mark appropriate word, or fill in blank)

- 1) Under doctor's care in \_\_\_\_\_ month. Measles during pregnancy: Yes \_\_\_ No \_\_\_
- 2) Medications used during pregnancy: \_\_\_\_\_
- 3) Illness or accidents during pregnancy: \_\_\_\_\_
- 4) Health during pregnancy: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Type of delivery: Vaginal \_\_\_ Caesarean \_\_\_
- 5) Delivery problems: Forceps \_\_\_ Bleeding \_\_\_ Breech \_\_\_ Other: \_\_\_\_\_

Pupil:

- 1) Condition at birth: Birth weight \_\_\_\_\_ Cry: immediate \_\_\_ delayed \_\_\_ Color: pink \_\_\_ dusky \_\_\_ blue \_\_\_  
Activity level: \_\_\_\_\_ Injury: \_\_\_\_\_ Seizures: \_\_\_\_\_  
Birth defects: \_\_\_\_\_ Breathing problems: \_\_\_\_\_ Jaundice: \_\_\_\_\_
- 2) Childhood illnesses: \_\_\_\_\_ Accidents: \_\_\_\_\_  
Describe: \_\_\_\_\_
- 3) Pupil's feeding and diet: Weight gain: slow \_\_\_ average \_\_\_ fast \_\_\_  
Appetite: good \_\_\_ poor \_\_\_ picky eater \_\_\_ eats most foods \_\_\_  
Allergies: Infancy: \_\_\_\_\_ Present: \_\_\_\_\_
- 4) Pupil's sleep and rest patterns: Average hours per night \_\_\_\_\_ Sleeps: quietly \_\_\_ restless \_\_\_ dreams \_\_\_  
walks in sleep \_\_\_ bed wetter \_\_\_ needs naps \_\_\_ rested after night's sleep \_\_\_
- 5) Developmental landmarks - List age when he/she: sat alone \_\_\_\_\_ crawled \_\_\_\_\_ walked \_\_\_\_\_ first tooth \_\_\_\_\_ fed self \_\_\_\_\_  
established bladder control \_\_\_\_\_ bowel control \_\_\_\_\_ Speech: first word \_\_\_\_\_ phrases \_\_\_\_\_ sentences \_\_\_\_\_