

Student's Last Name

First

Middle

Birth date (MM-DD-YY)

Grade/Rm/Trk

School Year

LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division
CONFIDENTIAL HEALTH INFORMATION

SPECIAL CONSIDERATIONS:

Student needs special consideration because: _____

To School Personnel: Please review this form and initial the appropriate column below.

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			