

**COMMUNITY CHRISTIAN SCHOOL
HEALTH INFORMATION FORM
2009-2010 SCHOOL YEAR**

Student's Name _____ Date of Birth _____ Grade (yr '09-'10) _____

Address _____

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____

List below two persons authorized to care for your child when ill and/or act in an emergency when parents cannot be reached:

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____

Family Physician _____ Phone _____

Specialty Physician _____ Phone _____

Dentist _____ Phone _____

Please list **ALL** medications (including inhalers) your child is currently taking (include dosage, frequency and reason) _____

****Medication cannot be transported to/from school by the student****

****If your child needs prescription medication while at school, we need to have the medication form filled out, signed by the MD and you & returned.**

****If you would like your child to receive non-prescription medication at school, we need to have the consent form filled out completely by you and returned.**

****NO MEDICATION WILL BE GIVEN WITHOUT WRITTEN PARENTAL CONSENT****

Allergies or allergic reactions to watch for at school _____

Is Student receiving treatment for an acute or chronic illness, injury or surgery? Yes _____ No _____

If yes, please explain _____

Has your child received any immunizations this past year? Yes _____ No _____ If yes, please provide the type and date given _____

Has Student had follow-up exams this summer for Vision? _____ Hearing? _____ Scoliosis? _____

Any additional information that might be helpful in caring for your child _____

I hereby give consent for this child to receive medical care if I cannot be reached and an urgent health problem arises at school or at a school-sponsored activity. I understand that this information will be shared with personnel who have a need to know in order to help provide a safe learning environment for my child.

Signature _____ Relationship _____ Date _____