

2011-2012
Heritage Christian School Health Information
Confidential
(PLEASE COMPLETE EVERY YEAR)

Student's Name _____

Grade _____ Birth Date _____ Sex: ___M ___F

Address _____ Phone _____

Father's Name _____ Occupation _____

Father's Employer _____ Work # _____

Cell # _____

Mother's Name _____ Occupation _____

Mother's Employer _____ Work # _____

Cell # _____

Doctor _____ Phone # _____

Address _____

Hospital Preference _____

Dentist _____ Phone # _____

Address _____

In the event a parent is unavailable, the school may contact and release my child to the following individuals:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Child lives with: ___Father ___Stepfather ___Foster Parents Ages of Brothers _____

___Mother ___Stepmother ___Other (please specify) Ages of Sisters _____

**** Please complete the back side of page ****

Does the student...

Comments (use bottom of page for additional comments)

1. Have health conditions such as diabetes, asthma, heart problems, seizure disorder, Attention Deficit Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: Treatment at School:
2. Receive any medication at home or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: Treatment at School:
3. Have any allergies to medications, food, bee stings, dust or pollen etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: Treatment at School:
4. a) Have a history of ear problems or a hearing loss? b) Wear glasses or contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: Treatment at School:
5. Illness, surgeries, accidents or family events that could affect the student in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: Treatment at School:

Medical Insurance Coverage: Private Medicaid None

Name of Company _____

Policy Number _____

Name of Policy Holder _____

I understand the information in this document will be shared with the personnel that provide educational services to my child.

Signature of Parent/Guardian

Date

Additional Comments: