

**Community Christian School
Health History Form**

School Year: _____

Student Name

Date of Birth

Grade

Part I: Student Health Status

Complete the following checklist by indicating any of the following conditions, past or present. Include a separate sheet of paper if additional detail is necessary.

Condition	YES	NO	Please give details for all that are marked YES
ADD/ADHD			
Asthma (Explain Below)			
Bee Sting allergies			
Diabetes			
Diet or Activity restrictions			
Head Injury/concussion			
Headaches/Migraines			
Hearing deficit (Explain Below)			
Heart problems/defect			
Physical Disability			
Vision deficit (Explain Below)			
Other: (Explain Below)			

Does your child have **asthma**? Yes No If yes, medications taken: _____
 ___Mild ___Moderate ___ Severe (Please inform CCS with more information if needed)

Does your child have **allergies**? Yes No Nature of allergy: _____
 ___Mild ___Moderate ___ Severe **Epipen prescribed?** Yes No

Does your child have **diabetes**? Yes No If yes, insulin, glucometer and care needed at CCS: _____

Does your child have **seizures**? ___Yes ___ No If yes, describe type and meds taken on back of form

Part II: Current Medications

Does your child take any medication (prescribed and/or OTC)? ___Yes ___No Explain. Include dosage, reason and frequency:

Ibuprofen (Advil) _____mg Acetaminophen (Tylenol) _____mg

Other information helpful for CCS: _____

Part III: Consents and Signatures

The welfare of your child is Community Christian School's first concern. In case of a serious medical emergency/illness, an ambulance will be called. Parents will be notified immediately after 911 is called. The school will use their judgment in calling for emergency care for any child at CCS if necessary. In case of a less serious emergency, the school will contact the parent at home or at work. It is your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school.

The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency and health information. The school shall be notified in writing, via email, telephone, cell phone, email or address changes within three (3) days of the occurrence.

I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatments for any reason during any of these activities, I authorize school personnel to make arrangements for my children to receive medical care, including transportation. I understand that my medial insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Community Christian school and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

Parent/Guardian Signature

(Print Name)

Date