



Community Christian School
Health History Form

School Year: 2020-2021

FAMILY NAME _____

Student: _____ DOB _____ Gr _____ Student: _____ DOB _____ Gr _____

Student: _____ DOB _____ Gr _____ Student: _____ DOB _____ Gr _____

Student: _____ DOB _____ Gr _____

Part I: Student Health Status

Complete the following checklist by indicating any of the following conditions, past or present. If YES, include additional information in detail on the back side of this sheet.

Table with 9 columns: Condition, Student YES, Student NO, Student YES, Student NO, Student YES, Student NO, Student YES, Student NO. Rows include ADD/ADHD, Asthma, Bee Sting allergies, Diabetes, Diet or Activity restrictions, Head Injury/concussion, Headaches/Migraines, Hearing deficit, Heart problems/defect, Physical Disability, Vision deficit, and Other.

_____ has asthma? If yes, medications taken: _____
(Child/ren's name)

_____ has allergies? Nature of allergy: _____ Epipen prescribed? Yes No

_____ has diabetes? If yes, medications taken: _____
(Child/ren's name)

_____ has seizures? If yes, medication taken: _____
(Child/ren's name)

Part II: Current Medications

Please list child's name and medications he/she is on _____

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