



**Community Christian School
Health History Form**

School Year: 2019-2020

FAMILY NAME _____

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.

Condition	Student		Student		Student		Student	
	YES	NO	YES	NO	YES	NO	YES	NO
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								
Other:								

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

_____ has **allergies**? Nature of allergy: _____
(Child/ren's name)

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