

Health/Emergency Record

Heritage Christian School

5412 67th Ave. W., Tacoma WA 98467 Phone: (253) 564-6276 Fax: (253) 460-1695 Web: www.heritagecs.net

Date: _____ For School Year: 20____ to 20____ Entering Grade: _____

Student Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Parent: _____ Work Phone: _____ Cell/pager: _____

Parent: _____ Work Phone: _____ Cell/pager: _____

Medical History: Please check all conditions that apply to your child. Give brief explanation and instructions.

Explanation / Special Instructions

- | | |
|--|-------|
| <input type="checkbox"/> Allergies to medication | _____ |
| <input type="checkbox"/> Allergies (other) | _____ |
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | _____ |
| <input type="checkbox"/> Attention Deficit and Hyperactivity Disorder (ADHD) | _____ |
| <input type="checkbox"/> Blood disease | _____ |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Emotional problems | _____ |
| <input type="checkbox"/> Epilepsy/Convulsions | _____ |
| <input type="checkbox"/> Frequent headaches | _____ |
| <input type="checkbox"/> Frequent stomach aches | _____ |
| <input type="checkbox"/> Frequent nosebleeds | _____ |
| <input type="checkbox"/> Glasses/contact lenses | _____ |
| <input type="checkbox"/> Hearing impairment | _____ |
| <input type="checkbox"/> Heart abnormality | _____ |
| <input type="checkbox"/> Nervousness | _____ |
| <input type="checkbox"/> Physical disability | _____ |
| <input type="checkbox"/> Sinus problems | _____ |
| <input type="checkbox"/> Other (please specify) | _____ |

Date of last Tetanus Shot: _____

List all medications your child is taking: _____

Does your child have needs or problems that require special handling from the school (e.g. in PE classes, athletic events, etc.)? _____

over please >

Emergency Information

Alternate Contacts: please list at least two alternate persons to contact if parents/guardians cannot be reached.

Name	Phone	Relationship to Student	Permission to pick up child?
			Yes No
			Yes No
			Yes No
			Yes No

Medical Providers: please provide information for preferred medical providers.

Name	Address	Phone
Doctor:		
Dentist:		
Hospital:		

Medical Insurance. All students attending Heritage Christian School are recommended to have adequate medical insurance coverage. The school does not assume responsibility for such coverage. Providing the insurance company and policy number is optional, but it will expedite medical treatment in an emergency.

Insurance Company: _____ Policy Number: _____

Medical Treatment. If your child should become ill while in school, the school will contact the parent/guardian (or one of the alternates provided). In an emergency situation, the school may call the fire department aid car and your child will be treated or transported to a hospital.

Medical Release: In an emergency situation in which immediate treatment is required, I authorize Heritage Christian School to obtain all necessary emergency treatment, including transporting my child to a medical facility. I accept full responsibility for any financial indebtedness related to transporting and treating my child at a hospital or medical clinic.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____