

## Health Information Form

*Please complete this form only if your student's last exam was more than one year past, otherwise discard.*

New Students: must be turned in by August 15<sup>th</sup>

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

School Division     Nursery     Pre School     Private School     Public Before / After School

Allergies \_\_\_\_\_

♥ School Participation

I give my permission for my child to participate in all activities sponsored by FCA. I understand if for any reason I want to withhold my child from an activity – I must send a letter the day of the event stating so. The letter must be on a full sheet of paper with the child's name, teachers name and a contact number for the person writing the letter.

♥ Emergency Treatment Release

In case of emergency, I authorize *First Christian Academy* to transport by car or ambulance my child to the closest emergency room for treatment. I give hospital personal permission to give emergency treatment until I can be contacted. I assume financial responsibility for emergency treatment.

♥ A copy of student's Immunization Record

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_



Physician Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

♥ Doctor's Statement ( please initial the statements that apply and sign the bottom)

\_\_\_\_\_ I have examined the above child within the last 12 months.

\_\_\_\_\_ I find the child is physically able to attend and participate in school activities.

\_\_\_\_\_ I find the child is physically able to participate in school activities except \_\_\_\_\_

\_\_\_\_\_ The child's immunizations are     current to date     not current

Explain \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_