

**Burley Christian School
HEALTH INFORMATION**

STUDENT'S NAME _____ **Birthdate:** _____

The following information will help the school staff understand your child better. Please check all that apply to your child.

Medical History

- | | | |
|---|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Orthopedic Problem,
describe: _____ |
| <input type="checkbox"/> Asthma - triggered by:
<input type="checkbox"/> allergies | <input type="checkbox"/> Hearing Problem:
<input type="checkbox"/> severe hearing loss | _____ |
| <input type="checkbox"/> exercise | <input type="checkbox"/> ear surgery | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> virus/colds | <input type="checkbox"/> wears aides | <input type="checkbox"/> Seizures (not with fever) |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> only with colds | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Wears glasses or contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Kidney or Bowel problem | _____ |
| <input type="checkbox"/> Frequent Nose Bleeds | | _____ |
| <input type="checkbox"/> Frequent Headaches | | _____ |

Allergies: *List and describe allergic reaction:* _____

Prescribed Medications: *Name and dosage frequency:* _____

Is medication needed at school? yes no

List major operation, injuries, or hospitalizations, with dates: _____

Last eye examination was on _____ **by Dr.** _____

Last dental examination was on _____ **by Dr.** _____

Last physical examination was on _____ **by Dr.** _____

Are there any remarks regarding your child's health or development that you feel will help the school staff to better understand and work with your child?

EMERGENCY INFORMATION

In case of illness at school, whom shall we call to come for your child(ren) if you cannot be reached? (a relative or friend living near you).

1. Name _____ Phone _____

2. Name _____ Phone _____

In case of medical crisis, may we call your family physician or another physician? _____

We will attempt to use the physician listed on the Medical Release Form first.

You have my permission to give my child : acetaminophen (Tylenol) for fever or pain. Yes No

For routine health problems which we notice at school, we will inform you by phone or letter of our observations. Please do not bring your child to school if sick. (Fever or vomiting absent for 24 hours)