TUSCALOOSA CHRISTIAN SCHOOL STUDENT HEALTH RECORD 2008-09

(To be fully completed and signed by a parent at the time of student's enrollment)

Student's Name _____ _____ _____
Last First Middle Grade Age

Mailing Address _____
City Zip

Home Phone_____ Mother's Day-time Phone _____ Father's Day-time Phone _____
Dad's Pager #_____; Mother's Pager _____; Dad's Cell _____; Mom's Cell _____

(Please make sure there are two or more numbers where parents can be reached during school hours)

If a parent cannot be reached in an emergency, we should contact _____ at _____
Relative or Friend Phone Number

Student's Physician _____ Physician's Phone Number _____

Is this student allergic to any medication, food, bites, stings, etc? [ ] Yes [ ] No If yes, please state what the allergy is and how to treat it: _____

Does this student have any physical problems such as asthma, heart trouble, kidney problems, diabetes, convulsions, etc? If so, please list them: _____

Special medications or attention we should give for the above: _____

If at any time your child has a serious accident or becomes ill while at school, we will notify the parent. If your child has a special health need or, as a result of illness must take a short-term medication at school, please send instructions with the medicine. Elementary teachers will keep their student's medicine. Medications for high school students will be kept and administered in the office.

Name of insurance company that covers this student _____
Name of Company or Employer _____Policy Number _____ Group Number _____

Please list any Rx that you are providing us to administer to your child on a regular basis: _____ How often? _____

*** * * The only medicine we give is NON-ASPIRIN tablets. * * ***
May your child have one as needed? [] YES [] NO

PARENT'S SIGNATURE _____ DATE _____

Record of Student's Visits to the Office Due to Illness or Accident

Date	Time	Complaint	Temp Taken?	Non-Asp. Given?	Other Rx Given?	Parent Notified?

Record of Student's Visits to the Office Due to Illness

Date	Time	Complaint	Temp Taken?	Non-Asp. Given?	Other Rx Given?	Parent Notified