

Alameda Christian School
STUDENT HEALTH FORM
2016-2017

Student's Name: _____ Grade: _____

Age: _____ Date of birth: _____ Approximate weight: _____

Does your child have any of the following medical conditions?

Asthma Stomach aches / Indigestion Diabetes
 Seizure / Epilepsy Other: _____

Please explain severity: _____

Does your child have any of the following allergies?

Hay fever Medication allergies (which medication?) _____
 Bee sting Nuts: (which nut?) _____
 Latex Other: _____

Please explain reaction _____

Does your child carry an Epi pen? Yes No

Does your child have any food restrictions or food allergies? Yes No. If yes, please list food(s) and reaction:

Is your child currently taking any medication? _____ If so, please list _____

Student's Physician _____ Phone _____

Parent / Guardian Agreement

I give permission to Alameda Christian School to give my child the correct dosage of the following OTC (over the counter) medications determined by weight, in case of illness or allergy.

Tylenol or equivalent (acetaminophen) Yes No
Advil or equivalent (ibuprofen) Yes No
Benadryl or equivalent (diphenhydramine) Yes No
Pepto-Bismol or Children's Pepto Yes No

Parent's Signature _____ Date _____

Parent's Name (please print) _____

Authorization for Treatment of a Minor

I understand that if my child suffers any injury or illness, an immediate and continued effort will be made to contact us. If I am unable to be reached, I give Alameda Christian School permission to render first aid and transport my child to a medical facility. I also give permission to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician, and surgeon, and/or licensed hospital, whether such diagnosis or treatment is rendered at the office of any physician or at any hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Alameda Christian School to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I (We) hereby authorize any hospital which has provided treatment to the minor named below pursuant to the provisions of section 25.8 of the Civil Code of California to surrender physical custody of my child to Alameda Christian School upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

These authorizations shall remain in effect until revoked in writing delivered to said agent(s).

Signature of parent or guardian _____ Date _____