

STUDENT HEALTH HISTORY RECORD

Name _____ Age _____ Birth date _____

Address _____ Home Phone _____

IN CASE OF EMERGENCY NOTIFY:

Name _____

Phone _____ Relationship _____

Family Physician _____ Home Phone _____

Family Medical/Hospital Insurance Carrier _____
Policy# _____

ILLNESS AND INJURIES (Check those that apply and give approximate dates)

Chronic or Recurring Illnesses:

- Ear Infection _____
- Seizures _____
- Asthma _____
- Hypertension _____
- Diabetes _____
- Heart Defect/Disease _____
- Bleeding/Clotting Disorders _____
- Other (Specify) _____

Date of Last health examination _____

Please list any complications noted in last exam _____

Is student currently under the care of a physician? Explain. Yes No

THIS SIDE MUST BE NOTARIZED

I, _____ hereby authorize Bethel Christian Academy Staff and/or chaperones to administer Tylenol or any non-prescription or prescription medical treatment for: _____, my minor child. Bethel Christian Academy will make every effort to notify the parent(s) before any non-prescription medication is administered.

My child's date of birth is _____

My child's present medications are: _____

My child has the following medical condition(s): _____

MY CHILD IS ALLERGIC TO:

Medicines:

Foods:

Father	Date	Home#	Work#
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Mother	Date	Home#	Work#
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COUNTY OF LEON
STATE OF FLORIDA

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally known _____
ID Produced _____
Type of ID _____

My Commission Expires _____

Notary Public (Print Name) _____

My signature as a Notary Public verifies the affiant's identification has been validated by:

NOTARY SEAL:

NOTARY SIGNATURE