

2009/2010

Willott Road Christian Academy Medical History/Release Form

Please update as soon as possible when any changes are made.

PLEASE PRINT INFORMATION NEATLY

Student: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Dad's Work #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Emergency Contact if parents cannot be reached: \_\_\_\_\_ / \_\_\_\_\_  
Name/Relationship to Child Phone #

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Check all that apply to your child:

ADD/ADHD Medication?  Y  N Specify Medication: \_\_\_\_\_

Allergies/Seasonal Medication?  Y  N Specify Medication: \_\_\_\_\_

Allergies/Food Epi Pen?  Y  N Specify Food: \_\_\_\_\_

Allergies/Insects Epi Pen?  Y  N Specify Medication: \_\_\_\_\_

Medication Allergy  Y  N Specify Medication: \_\_\_\_\_

Asthma  mild  moderate  Severe

Medication?  Y  N Specify Medication: \_\_\_\_\_

Diabetes Medication:  Y  N

Difficulty Hearing  
\_\_\_ tubes additional information: \_\_\_\_\_  
\_\_\_ hearing aids additional information: \_\_\_\_\_  
\_\_\_ hearing loss additional information: \_\_\_\_\_

Difficulty seeing \_\_\_ glasses- additional information: \_\_\_\_\_  
\_\_\_ contacts- additional information: \_\_\_\_\_

Epilepsy/seizures Additional information: \_\_\_\_\_

Heart condition/disease Additional information: \_\_\_\_\_

Mental/emotional condition Additional information: \_\_\_\_\_

Migraines Medication?  Y  N Specify Medication: \_\_\_\_\_

COMPLETE INFORMATION ON THE OTHER SIDE

