

Madison Christian School, Student Records
HEALTH INFORMATION

Name _____ Age _____ Birthdate _____ Race _____
Father's Name _____ Home phone _____ Work _____
Cell phone _____
Mother's Name _____ Home phone _____ Work _____
Cell phone _____
Family Physician _____ Phone _____

Child's Health History

1. Does your child have or is subject any of the following conditions:

____ asthma ____ convulsions/seizures ____ diabetes ____ fainting
____ heart problems ____ swimming, sports, or other restrictions for medical reasons
____ allergies or reactions to any medications, foods, bee stings, etc (please list the type of allergy
or reaction _____)

2. My child has difficulty with the following:

____ digestion ____ ears ____ eyes ____ lungs ____ nose ____ throat

3. Does your child have a condition which requires regular medication? ____yes ____no

If yes, please list the name of the medication _____

Will the child need to take the medication at school? ____yes ____no If yes, who will have
the medication? ____my child ____school personnel ____other

4. My child's immunization records are current, and I have provided a copy of such
records. ____yes ____no Birth certificate for file: ____yes ____no

GENERAL MEDICAL RELEASE

5. My child may have the following medications:

____ Tylenol ____ cough drops/lozenges (from home) ____ (other) _____

This health history is accurate so far as I know, and my child has permission to engage in all prescribed activities
except as noted. In the event that I can not be reached in an emergency, I hereby give my permission to Madison
Christian School to obtain any medical care deemed necessary and advisable by a licensed physician.

Signature of parent/guardian _____ date _____

Madison Christian School
Medical Authorization, Emergency Information, Field Trip Authorization

Student Name _____ Birthdate _____

MEDICAL AUTHORIZATION

If a parent or family doctor cannot be contacted, and an emergency exists, the undersigned parent or guardian authorizes a representative of Madison Christian School to consent to any medical treatment and/or hospital care deemed advisable and rendered by any licensed physician, whether in the medical office or in a licensed hospital. This authorization is given in advance of any required care to give consent for such treatment as the physician may deem advisable. The parents or their insurance will pay for the expenses for such care.

Please note any allergies to medication or chronic conditions of which a person giving emergency care should be aware: _____

Signature of parent/guardian _____ **date** _____

Other contact EMERGENCY INFORMATION

Please list the names of two other people to whom your child may be released if we are unable to contact you. These people should be locally available and able to transport your child.

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

FIELD TRIP AUTHORIZATION

I grant my permission for my child to participate in all field trips and trips to the armory and public library sponsored by Madison Christian School for educational and/or recreational purposes. I understand that I will be notified of planned trips. PE/Library trips are held every Thursday.

I understand that the owner and/or driver of any vehicle used for a school sponsored trip will have a valid driver's license and obey traffic laws. Students will be instructed to use seatbelts.

I will not hold Madison Christian School or its employees or volunteers liable in the case of an accident, injury, or death to my child while on, enroute to, or returning from a field trip.

Signature of parent/guardian _____ **date** _____