

LIBERTY CHRISTIAN SCHOOL STUDENT HEALTH FORM 2020 – 2021

STUDENT LAST **FIRST**
1. **NAME** _____ **NAME** _____ **DATE OF BIRTH** _____ **AGE** _____ **M or F**

HEIGHT _____ **GRADE** _____

Allergies _____

Known Health Concerns _____

Date of Last Tetanus Shot _____

Current Medications _____

STUDENT LAST **FIRST**
2. **NAME** _____ **NAME** _____ **DATE OF BIRTH** _____ **AGE** _____ **M or F**

HEIGHT _____ **GRADE** _____

Allergies _____

Known Health Concerns _____

Date of Last Tetanus Shot _____

Current Medications _____

STUDENT LAST **FIRST**
3. **NAME** _____ **NAME** _____ **DATE OF BIRTH** _____ **AGE** _____ **M or F**

HEIGHT _____ **GRADE** _____

Allergies _____

Known Health Concerns _____

Date of Last Tetanus Shot _____

Current Medications _____

FAMILY ADDRESS _____ **HOME PHONE #** _____

FATHER'S NAME _____ **Work Place** _____
Work Phone # _____ **Cell Phone #** _____

MOTHER'S NAME _____ **Work Place** _____
Work Phone # _____ **Cell Phone #** _____

Name of adult who will assume responsibility for the child if parent cannot be reached:

1. _____ **Relationship** _____ **Phone#** _____ **Cell#** _____
2. _____ **Relationship** _____ **Phone #** _____ **Cell#** _____

Physician Name _____ **Address** _____ **Phone#** _____

Dentist Name _____ **Address** _____ **Phone #** _____

Insurance Company _____ **Address** _____ **Policy #** _____

If parent, adult assuming responsibility for parent or physician cannot be reached in an emergency, and if, in the judgment of school authorities, immediate and/or hospital attention is needed, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician? YES _____ NO _____

1. (Student Name) _____ has permission to be given the following medication according to package directions:
(please check which of the following apply)

Tylenol _____ Ibuprofen _____ May not be given any medication without permission _____
(Please Circle Dosage: Chewable Child or Adult)

Date of last physical _____

This student has permission to participate in scheduled athletic activities _____ Yes _____ No

2. (Student Name) _____ has permission to be given the following medication according to package directions:
(please check which of the following apply)

Tylenol _____ Ibuprofen _____ May not be given any medication without permission _____
(Please Circle Dosage: Chewable Child or Adult)

Date of last physical _____

This student has permission to participate in scheduled athletic activities _____ Yes _____ No

3. (Student Name) _____ has permission to be given the following medication according to package directions:
(please check which of the following apply)

Tylenol _____ Ibuprofen _____ May not be given any medication without permission _____
(Please Circle Dosage: Chewable Child or Adult)

Date of last physical _____

This student has permission to participate in scheduled athletic activities _____ Yes _____ No

Liberty Christian School, Inc. is not responsible for any normal injury or illness that may occur during the school year. I hereby submit that my child is physically able to participate in athletic practices/competitions, field trips, school events, etc. Each family is responsible for their own insurance and any bills that may incur.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____