



# Waverly Hall Christian Academy Student Medical Form

P.O. Box 40, 8365 Hwy 208 Waverly Hall, GA 31831-0040

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## 1. Student Information

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist/Clinic: \_\_\_\_\_

*The following information is needed to plan an appropriate program for your child, and to handle any emergencies. You may use the back of this form if you have any additional information. It is vital to your child's safety during the school day that if your child has a life-threatening health condition that may require medical services to be performed at school, you immediately notify your school's principal. The necessary forms will be provided, and a time will be arranged for you to meet.*

## 2. Medical History (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Asthma (breathing problems)   | <input type="checkbox"/> Bleeding problems       |
| <input type="checkbox"/> Vision Issues (glasses/contacts) | <input type="checkbox"/> Headaches/Migraines           | <input type="checkbox"/> Seizures or convulsions |
| <input type="checkbox"/> Heart Problems.                  | <input type="checkbox"/> Hearing (hearing aids yes/no) | <input type="checkbox"/> Frequent nosebleeds     |
| <input type="checkbox"/> Physical Handicap                | <input type="checkbox"/> ADD/ADHD.                     | <input type="checkbox"/> Urine/bowel problems    |

## 3. Allergies

- Bees    Food    Plants    Drugs    Animals    Insects    Other

Please describe the allergy and your child's reaction: \_\_\_\_\_

Emergency treatment needed?    no    yes   If yes, what treatment is needed?

Medication \_\_\_\_\_    Epi Pen    no    yes   Provided to school    no    yes

Call 911

## 4. Medication

Is medication taken for any health problem?    no    yes   Describe \_\_\_\_\_

Taken at    Home    School \_\_\_\_\_

Is your child's physical activity limited in any way?    no    yes (how) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_