



# Waverly Hall Christian Academy Student Medical Form

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## 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.*

## 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/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 |

## 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

## 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: \_\_\_\_\_