

Liberty Christian Academy



School Health Information Form

Student's Full Name: _____ Date of Birth: ____/____/____ Current Grade: _____ Sex: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex) Epipen : Yes _____ No _____			Diabetes		
Allergies (seasonal)			Fractured bones		
Asthma: Yes _____ No _____ Inhaler: Yes _____ No _____			Head, Concussions or spinal injury		
Attention Deficit/Hyperactivity Disorder			Hearing problems or deafness		
Behavioral problems			Heart problems		
Developmental problems			Hospitalizations		
Bladder problem			Lead poisoning		
Bleeding problem			Muscle problems		
Bowel problem			Seizures		
Cerebral Palsy			Sickle Cell Disease (not trait)		
Cystic Fibrosis			Speech problems		
Dental problems			Surgery		
Depression/Anxiety/Other Mental Health Issues			Vision problems		

Describe any important health-related information about your child (i.e.: feeding tube, oxygen support, hearing aid, etc.)

List all prescription, over-the-counter, and herbal medications your child takes regularly:

I would like to discuss confidential health information with the school nurse or other school authority. _____ Yes _____ No

Parent/Guardian must also provide a current, official immunization record from a doctor/health department to the LCA Nurses' Office before the student attends classes.

Parent/Guardian Name (Please print clearly) _____

Parent/Guardian Signature: _____

Date: _____