

Today's Date: _____

Kingston Hill Academy HEALTH RECORD

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Student Lives With: Both Parents _____ Social Security# _____

MEDICAL HISTORY

(check any that apply)

Asthma _____ Heart Condition _____ Seizure Disorder _____ Diabetes _____

Allergy to Drugs (please list) _____

Food Allergies (please list) _____

Does your child have any physical, learning, or other disability that the school should be aware in order to help your child achieve his/her education goals?

Yes _____ No _____ If yes, please describe and attach evaluations/assessments.

Is your child currently being treated for any medical condition?

Yes _____ No _____ If yes, please describe.

Is your child currently on any medication(s)? Yes _____ No _____

If yes, please list medications: _____

(please fill out both sides of this form completely)

Your child's physician: _____

Address _____ Phone _____

Health Insurance _____ Membership # _____

Date of next or last appointment: _____

Your child's dentist _____

Address _____ Phone _____

Date of next or last appointment: _____

Kingston Hill Academy EMERGENCY CONTACT/CONSENT TO RELEASE

Name _____ Date of Birth _____

Any parent with sole or joint custody may pick up their child from school.

Please list the names of individuals that are authorized to accept responsibility for your child's care in case of illness, emergency or early dismissal in inclement weather when a parent with legal custody is unable to pick up the child from school.

If a child is under joint custody, then either party may add/delete any names on the emergency release list at any time throughout the year.
We ask that future requests be made in writing.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

(please fill out both sides of this form completely)