



Health & Medical Form

Each child enrolling will need to have this form completed.

Has your student had previous academic or psychological evaluation/ diagnosis Yes No

If **yes**, please select and include a copy of testing/diagnostic results

IEP 504 ADD ADHD Autism Hearing, Speech, Vision, or Other

Please Explain: _____

Please share any academic information that will be helpful to your student's future teacher _____

Allergies:

Food: _____ Reaction: _____

Drug: _____ Reaction: _____

Method of Treatment or Comments: _____

Date of Last Physical: _____ List any physical challenges: _____

Medication Policies:

- 1. Prescription Medication** can only be administered if the parent or guardian completes the Medication Authorization Form giving CFS clear directions. **All** prescribed medication must be in the **original container** with physician's directions attached. We will only administer prescription drugs that immediately follow the prescription date.
- 2. Over-the-counter Medications** may only be administered if the parent or guardian completes the Medication Authorization Form giving CFS clear directions. All medication must be in the original container; we will only administer within dosage limits listed on the label.
- 3. Any Medication Left at the School** that is past the expiration date and not picked up by the parent/guardian within 2 weeks will be disposed of appropriately.

Current medications used by child: _____

Transfer & Treatment Consent:

I (We), the undersigned parent(s)/legal guardian(s) of the above named child, do hereby authorize transportation to and from and participation in school-sponsored field trips and the authorities of Christian Faith School to permit its designated representative to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter, for sustained injuries or sickness requiring emergency treatment during school hours; or, after school hours while partaking in school-sponsored activities, such as educational, social, and athletic events, provided such event or events have an authorized representative of the school present. It is understood that the school or its representative does not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that the school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

Father/Guardian

Date

Mother/Guardian

Date