



PORTLAND CHRISTIAN SCHOOLS

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PORTLAND CHRISTIAN SCHOOLS  
EARLY CHILDHOOD EDUCATION / SCHOOL AGE

**MEDICAL HISTORY**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Past illness(es) your child has had:

\_\_\_\_\_ Chicken Pox                      \_\_\_\_\_ Measles

Date: \_\_\_\_\_                      \_\_\_\_\_ Mumps

\_\_\_\_\_ German Measles                      \_\_\_\_\_ Whooping Cough

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

Previous Hospitalization? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Allergies? Yes \_\_\_ No \_\_\_ If Yes, please list substances and describe specific reaction: \_\_\_\_\_

Is your child in the care of a doctor or on medication? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Regular yearly health exams are a part of maintaining well children. What is the date of your child's last physical exam or medical appointment? \_\_\_\_\_

Please give an evaluation of the overall health of your child at the present time: \_\_\_\_\_

Immunizations **MUST BE** complete before admission. Please refer to the State Certificate of Immunization Status.

**ANY** and **ALL** medications must have a parent signature. We have provided a standard form to use for administration of medications. For your convenience, some over-the-counter items may be administered with a parent signature, including cough syrup (NO cough drops), Desitin or equivalent, sunscreen, etc.

Please read the Parent Handbook on Health and Emergency Policy.

Young children typically are ill 5-8 times per year. We cannot care for ill children. Please plan back-up care **TODAY** for those times.

For preventative measures, please have your child wash his/her hands upon entering the facility each day.

Thank you for your assistance.