



Ark City Christian Academy

Student Health Form

P.O. Box 1181 / 901 N. 5th Street

Arkansas City, KS 67005

620-442-0022

schooloffice@accaschool.org

Student's Name: _____ Date of Birth ____/____/____

Parent's Name: _____ Phone: _____

Gender: ____M ____F Grade: _____

Indicate your child's past/present disease(s):

- | | | | |
|------------------------------------------|------------------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Old Fashioned Measles | <input type="checkbox"/> Mumps | |

If a student must have medication at school, then please fill out the Request for Medication Administration. This is for both prescription and over the counter medications (i.e. if your child needs an occasional Tylenol for headaches at school, we MUST have a Request for Medication Administration on file. Is your child on any medication regularly? ____Yes ____No (Please indicate reason)

Does student have a physical handicap? ____Yes ____No

Has student ever had a convulsion? ____Yes ____No

Explain: _____

Explain: _____

Describe student's special eating needs if any: _____

Does student have any allergies? ____Yes ____No List allergies: (food, environmental or medication)

Would you say the student is ____very active ____average ____quiet

Please state any health problems, irregularities, information or concerns you wish the school to know.

If participating in ACCA sports are there any physical reasons you know of why your child should not participate? _____ yes _____ no If so

Why? _____

Physical Activity: Limitations? _____Yes _____No If your child has limitations, please send a note from your physician to the school.