

Please answer the following health questions for your child. Provide additional information for any questions marked "Yes."

Does your child have any difficulty seeing?	Yes _____	No _____
Does your child have any difficulty hearing?	Yes _____	No _____
Does your child have allergies? (List allergies below.)	Yes _____	No _____
If your child has allergies, are they potentially life-threatening?	Yes _____	No _____
If your child has allergies, does he/she have an epi-pen?	Yes _____	No _____
Does your child have asthma?	Yes _____	No _____
Does your child have an on-going health condition?	Yes _____	No _____
Does your child have any conditions that may limit him/her in the classroom?	Yes _____	No _____

Please explain in detail any questions above to which you answered, "Yes."

I give my permission for my child to receive the following over-the-counter medications at the discretion of the Executive Director or designated school personnel: (Please check all that apply.)

Ibuprofen ____ Acetaminophen ____ Benadryl ____ Cough Drops/Syrup ____ Tums ____

In the event of a medical emergency involving my child, I give Community Christian Academy permission to take necessary measures to have my child treated or to call 911. I understand that every reasonable effort will be made to contact me and/or my child's physician, and I will be responsible for any costs incurred by treatment. I give Community Christian Academy permission to share my child's pertinent medical information with faculty, staff, or medical personnel who have a need to know the information to provide necessary services.

Parent's/Guardian's Signature

Date

REVISED
Aug 19, 2015