



Mountain Christian School

Serving our King in the White Mountains

ANNUAL HEALTH UPDATE – 2020-2021

To ensure the safety and well-being of your student during school activities, it would be helpful to know if your child has any physical or emotional conditions we need to be aware of. Please complete the following statements and return to school.

Student's Name _____ Grade/Teacher _____

1) **NEW IMMUNIZATIONS NOT ALREADY RECORDED AT SCHOOL?**

(If yes, please attach an updated Immunization Record)

a. **Has your child had varicella (chicken pox) vaccine** Yes _____ No _____

b. **Has your child had the chickenpox?** Yes _____ No _____

2) **NEW MEDICAL CONDITIONS / NEW PRESCRIBED MEDICATIONS?** (Please specify)

3) **NEW PHYSICAL LIMITATIONS / EMOTIONAL CONDITIONS?** _____

4) **NEW ALLERGIES?** (Please describe reaction / medication needed, if any.) _____

5) **HAS YOUR CHILD EVER HAD A LOSS OF CONSCIOUSNESS DUE TO A HEAD INJURY?** (at what age, how long, and treatment received? ie: Dr.'s office, ER, hospitalized)

**By signing below, I give permission to the health office to release important Protected Health Information to other school staff members, including teachers, principals, secretaries, or substitutes that may be responsible for the care of my child during school hours.

Parent's Signature _____

Date _____

Printed Name _____

_____ I do **NOT** want any health information regarding my child to leave the health office at any time.