ABUNDANT LIFE CHRISTIAN ACADEMY

SUPPLEMENTAL HEALTH CARD

STUDENT IDENTIFICATION

School Year: _____

Name: _____ **Student #:** _____
Last First M.I.

Sex: ❑ Male ❑ Female **Date of Birth**: _____ **Grade**: _____
mm / dd / yy

Last School Attended: _____

CURRENT HEALTH PROBLEMS

NOTE: Please read instructions on reverse before completing this section. Health problems marked with an asterisk (*) must have medical diagnosis.

- ❑ No Known Disability
- ❑ Asthma/Airway Disorder*_____
- ❑ Blood Disorder*_____
- ❑ Food Allergy to_____
- ❑ Diabetes* _____
- ❑ Seizures* Type_____
- ❑ Genetic Syndrome*_____
- ❑ Glasses / Contacts
- ❑ Hearing Aid ___ R ____ L
- ❑ Hearing Impairment
- ❑ Immunization Exemption (Only Medical ADD/ADHD)*
- ❑ Cancer*_____
- ❑ Migraines* _____
- ❑ Multiple Disabilities (More than 4)
- ❑ Neurological Disease*_____
- ❑ Muscular Disease*_____
- ❑ Orthopedic Problem*_____
- ❑ Potentially severe reaction to_____
- ❑ Environmental Hypersensitivity to_____
- ❑ Skin Disorder_____
- ❑ Heart Problem*_____
- ❑ Visual Impairment*
- ❑ Color Blindness*
- ❑ Exempt From Physical Screening_____
- ❑ Psychological Disorder_____
- ❑ Other_____
  _____

Explain Current Health Problems Indicated Above:

_____

_____

_____

_____

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ADDITIONAL HEALTH INFORMATION

NOTE: Health information will be provided to appropriate personnel as necessary, to ensure a safe and supportive environment for each student

Receiving medication? ❑ Yes ❑ No If yes, name of medication: _____

Is medication needed at school? ❑ Yes ❑ No

Able to participate in P.E. / Recess activities? ❑ Yes ❑ No If no, please attach medical documentation regarding limitations.

EMERGENCY CONTACT

Name: _____ Phone: ( ) _____ Relationship:_____

Name: _____ Phone: ( ) _____ Relationship:_____

_____ _____
Parent/Guardian's Signature Date

Dear Parent/Guardian,

Your child's health information needs to be updated every year to ensure his/her safety. This form is a part of the registration process and must be completed and signed. It will be incorporated into your student's permanent record. If you have indicated any health problem, it is important that you provide an explanation in the area provided. It is the responsibility of the parent/guardian to notify the school of any significant health concerns.

Health information will be provided to appropriate personnel, as necessary, to ensure a safe and supportive environment for each student. The following general guidelines are provided to assist you in determining disability information:

ASTHMA
1. **Moderate to severe attack within the last two years.**
2. **Receiving medication for asthma.**
3. **P.E. excuse for asthma.**

ADD/ADHD
1. **Requires medical diagnosis**

POTENTIALLY SEVERE REACTION
1. **Life threatening**

VISUAL IMPAIRMENT
1. **Vision not fully corrected with glasses.**
2. **Medical diagnosis associated with vision loss.**

Always include an emergency contact number!

Thank you.