

Central Baptist Christian School

402 E. Windhorst Road, Brandon, FL 33510 (813) 689-6133 Fax (813) 689-0011

MEDICAL INFORMATION 2010-2011

Name _____

Birth Date _____ Entering Grade _____

1. Check if student has had any of the following. Give dates of any positive answers.

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Other |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Concussion/Head Injury | <input type="checkbox"/> Kidney Infection | |

Explanations _____

2. Check if student has any of the following. Please explain any positive answers.

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Abdominal Pains | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hearing Loss/Defect | <input type="checkbox"/> Bladder Problem | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Hernia | |

Explanations _____

3. Is the student on any medication: Yes No

Specify _____

4. Does your child have any physical limitations which might require some adjustment to a normal student activity schedule? Yes No

If yes, please describe _____

5. Has your child had any operations? Yes No

If yes, please describe _____

6. Does your child have any allergies? Yes No

If yes, please describe _____

7. Has your child ever been treated for any nervous, mental, or emotional disorder? Yes No

If yes, when and how long a period _____

8. Is there any other medical information that you feel we should have about your child?

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AUTHORIZATION FOR MEDICAL TREATMENT 2010-2011

TO WHOM IT MAY CONCERN:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants. **I agree to pay all medical and ambulatory expenses.**

Name of Child's Physician _____ Telephone _____

Allergies of Child _____

Date of Last DPT or Tetanus _____

Name of Insurance Company (Medical) _____

Policy Number _____ Expiration Date _____

Auto Insurance Company _____

Policy Number _____ Expiration Date _____

EMERGENCY PHONE NUMBERS

Father at Work: _____ Ext. _____ At Home: _____ Mobile: _____

Mother at Work: _____ Ext. _____ At Home: _____ Mobile: _____

Father's Place of Employment _____

Mother's Place of Employment _____

Other _____ Ext. _____ At Home: _____ Mobile: _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Administrator, or his designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Administrator, or his designee, and Central Baptist Christian School from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Parent's/Guardian's Signature

NOTARIZATION REQUIRED (Notary is available on campus):

State of Florida - County of Hillsborough

Witness my hand and official seal, this _____ day of _____, A.D. 20_____.

My commission expires _____.

Notary Public - State of Florida at Large