

# Medical Information Form

For ALL NEW STUDENTS enrolling at  
City Christian School

School year 20\_\_\_\_/20\_\_\_\_

Grade\_\_\_\_\_

To be completed by parent or guardian. (Every question must be answered in full.)

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student's address \_\_\_\_\_  
(City) (State) (Zip)

Home phone \_\_\_\_\_

1. Has there been an illness, injury or surgery in the past 4 months? No \_\_\_\_ Yes \_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_

2. Has this student ever had:

|                                   | Yes   | No    | Date  |
|-----------------------------------|-------|-------|-------|
| Concussion.....                   | _____ | _____ | _____ |
| Skull fracture.....               | _____ | _____ | _____ |
| Neck injury.....                  | _____ | _____ | _____ |
| Diabetes.....                     | _____ | _____ | _____ |
| Scarlet fever.....                | _____ | _____ | _____ |
| Rheumatic fever.....              | _____ | _____ | _____ |
| Shortness of breath.....          | _____ | _____ | _____ |
| Epilepsy.....                     | _____ | _____ | _____ |
| Chest, lung or heart problem..... | _____ | _____ | _____ |
| Hernia.....                       | _____ | _____ | _____ |
| Bone or joint injury.....         | _____ | _____ | _____ |
| Glasses or contact lenses.....    | _____ | _____ | _____ |
| Any surgery.....                  | _____ | _____ | _____ |

Explain: \_\_\_\_\_  
\_\_\_\_\_

Allergies..... \_\_\_\_\_

Specify what kind: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_