

SONSHINE CHRISTIAN ACADEMY
New Student – Health Registration



Dear Parents:

As your child is new to our school, completion of the following questionnaire will be helpful in assuring the best possible adjustment to our program. If a health problem is present, you can readily understand our desire to have this information as soon as possible. This information will be available to appropriate school personnel working with the student and the information will be kept in the student's health file.

Date _____

Name of Student _____ Entering Grade _____

Address _____ Birthdate _____

Home Phone Number _____

Previous School Attended _____

Address _____

Name of Mother _____ Cell or Work Number _____

Name of Father _____ Cell or Work Number _____

Name of person to call in emergency _____ Daytime Phone _____

Has student had any of the following health problems (Check if yes)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsive | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Disorder | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hearing Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Severe Vision Problem |
| | <input type="checkbox"/> Meningitis | |

Other _____

Is there a health problem that would prevent full participation in the school program or physical education program? Explain _____

Is there a need for special seating? Explain _____

Is the student on any long-term medication?

List Medications _____

Signature of Parent _____

An Immunization Certificate Must Accompany This Form Prior to Entry to School