

Twin Tiers Christian Academy

www.TwinTiersChristianAcademy.org

640 Main St., PO Box K, Breesport, NY 14816

607-739-3619

MEDICAL INFORMATION AND HEALTH HISTORY

Student's Name _____

Date of Birth _____

Physician's Name _____

Dentist Name _____

Physician's Phone _____

Please assist the Health Office in better serving your child by answering the following questions:

Has your child had any of the following:

	Yes	No
Diabetes	_____	_____
Seizures	_____	_____
If yes, date of last seizure:	_____	

Heart Murmur	_____	_____
Asthma	_____	_____
Other Medical Conditions	_____	

Allergies to:	Yes	No
Bees/insects	_____	_____
Food	_____	_____
If yes, type:	_____	
Medication	_____	_____
Other	_____	_____

Does your child need/use:

	Yes	No
Glasses/Contacts	_____	_____
Hearing Aids	_____	_____

Assistive Devices	_____	_____
(wheelchair, walker or leg braces)		
Medications	_____	_____

if yes, _____ at school with MD order
_____ at home
Medications: _____

Has your child ever had speech therapy?	Yes _____	No _____
Has your child ever had any serious accidents, operations or hospitalizations	_____	_____
Does your child require medical services at school?	_____	_____
Does your child have a history of frequent ear infections?	_____	_____
Does your child have any medical/emotional issues?	_____	_____

If you answered yes to any questions above, please explain:

Upon signing, we, parents or guardians, are stating that we will **NOT** hold TTCA responsible for accident/injury liability either during school hours or extra-curricular activities including sports contests, class trips, and class socials. We realize that the school does have a certain responsibility to our child and understand that TTCA will seek to ensure his or her safety and well-being at all times.

Signature of Mother/Guardian _____ Date _____

Signature of Father/Guardian _____ Date _____

Reviewed by School Nurse _____