STUDENT HEALTH INFORMATION FORM

Name: ____

Birth Date: _________ Current Grade on September 1, 20____ Gender: ___ Male ___ Female

Doctor's Name: _________________________ Doctor's Office Phone: ____________________

1. Does your child have any allergies?

To Foods? __ Yes __ No Please list______________________________________

To Drugs? __ Yes __ No Please list______________________________________

To bee stings or other insects? __ Yes __ No Please list_________________________

Explain symptoms, severity of reaction, treatment, and need for EMERGENCY TREATMENT (Epi-pen, etc.) ____

---

2. Does your child have asthma? __Yes __ No Treatment_________________________

3. Does your child take any daily medication at home? __ Yes __ No

   Name, dose, frequency____

4. Does your child need any daily medication at school? __ Yes __ No

   Name, dose, frequency____
   (Please see Mesquite Friendship Christian Academy for medication at school)

5. Has your child ever had any of the following: (CHECK IF THE ANSWER IS YES)

__ Anorexia Bulimia	__ Hearing difficulty	__ Spinal Curvature	__ Bone/Nerve/Muscle Condition
__ Vision Correction	__ ADD/ADHD	__ Heart Condition	__ Gastrointestinal Condition
__ Arthritis	__ Blood problems	__ Kidney problems	__ Seizures
__ Cancer	__ Diabetes	__ Surgeries	__ Severe Headaches
__ Severe Injury	__ Emotional Problems	__ Over/underweight	__ Dental Problems

__ Other (List here)____

If "yes" to any of the above problems, explain/give dates______________________ (Please use back of page for additional details. Attach any medical instructions or treatment plans from your physician)

6. Does you child have any medical or physical restrictions? __ Yes __ No
   If 'yes" please, explain. A doctor's prescription is needed for restrictions.

____ _________

Signature of Parent or Guardian Date

Please return this referral directly to the Mesquite Friendship Christian Academy Admissions Office at 680 E. Highway 80 Mesquite, TX 75149 • Phone 972-329-5030 • Fax 972-329-7814 • www.mesquitefriendshipca.com.