

# OPEN BIBLE 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 Disorder	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Allergy	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Speech Problem
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Hearing Problem
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Severe Vision Problem
<input type="checkbox"/> 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 \_\_\_\_\_

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