

Office Use only:

Nurse signature

HEALTH RECORD
Grace Christian School
12407 Pintail St. Anchorage, AK 99516
(907) 345-4814 FAX (907) 644-2260

Statement of confidentiality:

No records or information can be released to non-school personal without parental consent.

Student Name Birth date Male Female
Parent/Guardian Phone Mother Phone

Table with 7 columns: Immunization Name, M/D/Y, M/D/Y, M/D/Y, M/D/Y, M/D/Y, Booster. Rows include Diphtheria, Tetanus, Pertussis; Polio; Measles, Mumps, Rubella; Hepatitis A; Hepatitis B; Prevnar; H.I.B.; and Varicella.

Table with 2 columns: Date, Results. Header: TB TESTING.

THIS STUDENT HAS A HISTORY OF:

- Hearing Problems Vision Problems Seizure Disorders Diabetes Allergies/Asthma Orthodontic

Other medical problems: Please explain

Operations/Disease history

Daily medications

State any activity limitations Date of Last Physical

My child may receive Tylenol/Advil at school from the nurse or school staff: Tylenol: Yes No Advil: Yes No

I give my consent for a Tuberculin Test (PPD), visual physical assessment and posture screening.

Parent/Guardian Signature

Date

Updated 12/20/2012