



Medical Information and Parent's Consent for Medical Treatment

Student _____

Health History (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergy/Sinus | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Allergic to insect/bee stings | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Gastrointestinal problems | <input type="checkbox"/> Vision problems |

Please supply the office with a current shot record.

Has this student had any physical, emotional, behavioral, or social problem in the last 2 years? _____

If so, please explain _____

Current Medical Condition

Medical Condition	Medication, Dosage, & Frequency
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We authorize Northeast Christian Academy to dispense medicine to our child. Prescription medicine will be brought to the office to be dispensed to the child. It must be in the original bottle.

Does this student have any medical condition that would prevent or hinder them from participating in a physical education program or any classroom setting? _____

Does this student have any known drug allergies? _____

May this student participate in any private parties held in the classroom or lunchroom where food will be brought in or prepared by other parents and served at school? _____ I accept any and all responsibility for my child's health in the event that my child becomes ill at school or after a school party.

We, Mr. & Mrs. _____ the undersigned, parents or legal guardian's of _____, do hereby authorize the authorities of Northeast Christian Academy to permit its designated representatives to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter for sustained injuries or sickness requiring emergency treatment during school hours, or after school hours while partaking in school-sponsored activities such as education, social, and athletic events, provided such events have an authorized representative of the school present.

It is understood that the school or its representatives do not assume any expense that might be incurred for said emergency treatment. It is also understood that the school will not be responsible for any complications resulting from medical treatment given.

It is further understood that the school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Sworn before me, a notary public, in and for said county and state, known to me to be the person who executed the foregoing power of attorney, and acknowledged to me that he executed the same for the purposes and consideration therein contained. Given under my hand and seal of office this _____ day of _____, 20____.

El Paso County

State of Texas

My Commission expires _____

Notary Public in and for El Paso, County, Texas