

# Scappoose Adventist School

## Student Medical Form

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference, if any \_\_\_\_\_

**Circle the following that your child has now or has had in the past:**

Concussion	Yes	No	Year _____	Operations	Yes	No	Year _____
Skull Fracture	Yes	No	Year _____	Exposure to TB	Yes	No	Year _____
Neck Injury	Yes	No	Year _____	Rubella (3-day)	Yes	No	Year _____
Back Injury	Yes	No	Year _____	Rubella (7-day)	Yes	No	Year _____
Skin Disorder	Yes	No	Year _____	Mumps	Yes	No	Year _____
Eye Glasses	Yes	No	Year _____	Scarlet Fever	Yes	No	Year _____
Contact lenses	Yes	No	Year _____	Rheumatic Fever	Yes	No	Year _____
Eye Treatment	Yes	No	Year _____	Chicken Pox	Yes	No	Year _____
Hearing Disorder	Yes	No	Year _____	Diabetes	Yes	No	Year _____
Fainting	Yes	No	Year _____	Hernia	Yes	No	Year _____
Urinary Problems	Yes	No	Year _____	Seizures	Yes	No	Year _____

Explain \_\_\_\_\_

**Comments on anything checked "yes" above, as well as any other medical information:**

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

List **all** known allergies (Food, Insect Stings, Medicines, and Pollens)

\_\_\_\_\_

List any medications your child is taking \_\_\_\_\_

\_\_\_\_\_

**Immunizations**

Every Child between the ages of 3-14 years entering into Oregon public, Private or Parochial Schools for the first time must present evidence that his/her immunizations against DPT, Polio, MMR (Measles, Mumps and Rubella), Hepatitis B, and Varicella (Chicken Pox) are complete or up to date.

\_\_\_\_\_

I hereby give permission for my child to receive emergency medical care. Information on this document may be made available to school and Health Department Officials.

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**(Over)**

