



COMMUNITY CHRISTIAN ACADEMY  
A MINISTRY OF TRINITY BAPTIST CHURCH

## Student Health Information

In order for the school nurse to have the most current health information on your student and to help your student have a healthy and successful year, please complete, sign, and return this form to the school nurse. This form will be kept by the school nurse and is valid for the current school year.

Last Name	First Name	Middle Name	
Date of Birth	Grade Level	Height/Weight	
Parent / Guardian Name			
Home Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	

### In case of illness, who do you want us to call FIRST, second, third (this would include you if you prefer to be first)

Name/Relationship	Home Phone #	Cell Phone #	Work Phone #

### List name(s) of school-age siblings:

Name	School Attending	Grade
1)		
2)		
3)		
4)		
5)		

### Allergies

1) List any allergies that your child may have:

\_\_\_\_\_

2) Is your child allergic to bee stings? .....Yes  No

3 If yes, what type of reaction usually occurs and how do you treat it?

\_\_\_\_\_

\_\_\_\_\_

4) Will your child need to keep an epi-pen at school for severe reactions? .....Yes  No

(\*Provide details on your Allergies Action Plan)

I give permission for the school nurse to contact my child's Physician for further medical information or questions concerning their health or medication..... Yes  No

Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

### Medication Allergies

Does your child have any medication allergies? Yes  No  Name of medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Parental Consent For Over The Counter Medication**

The school nurse has a limited supply of the following over the counter medication that may be administered with written parental permission. Students requesting medication must see the school nurse to be assessed to determine need for medication. Based on the finding of the assessment, the school nurse will administer medication or contact the parent or guardian.

Check **yes** or **no** to indicate which medication(s) can be administered to your child. All over the counter medications will be administered according to the manufacturer’s label.

- Acetaminophen (Tylenol) Yes  No
- Ibuprofen (Motrin/Advil) Yes  No
- Tums (antacid) Yes  No
- Diphenhydramine HCl (Benadryl) Yes  No
- Cough Drops Yes  No
- Antibiotic Ointment/Cream Yes  No
- Hydrocortisone Cream Yes  No
- Dermoplast Spray Yes  No
- Antiseptic Wash Yes  No
- Sting Wipes/spray Yes  No
- Benzocaine for oral pain (Orajel) Yes  No
- Sterile Eye Wash Yes  No
- Peroxide Yes  No
- Alcohol Wipes Yes  No
- Calamine Yes  No
- Burn Gel Yes  No
- Dramamine (when traveling) Yes  No
- Hyland’s Tummy Ache Tabs Yes  No

If a medication is brought from home, or over the counter medication is needed on a regular basis, the parent or guardian will have to provide the medication in the original bottle with manufacturer’s label. An *Authorization to Administer Medication At School* will have to be completed and signed by the parent or guardian. If you need this document, please email the school nurse at [mklockenga@ccaugusta.com](mailto:mklockenga@ccaugusta.com)  
**\*\*NO MEDICATIONS ARE PERMITTED TO BE SENT WITH THE STUDENT FOR SELF-ADMINISTRATION. ALL MEDICATIONS MUST BE GIVEN DIRECTLY TO THE TEACHER, SCHOOL NURSE, OR MRS. HADDEN WITH THE AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL FORM**

- I, \_\_\_\_\_, give permission for the school nurse, or competent CCA staff member, to administer the above indicated medication to my child.
- I want to be notified prior to this medication being administered.....Yes  No

***In case of a serious illness/injury, the school will render first aid while contacting the parent. If neither the parent nor the designee can be reached and the situation is very serious, the school will transport the child to the Emergency Room or call 911 for an Emergency Medical Unit to transport the child to the Emergency Room. Fees for the transportation and the medical services will be the responsibility of the parent/guardian.***

Parent / Guardian Signature 	Date
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