700 S. Westgreen Blvd
Katy, TX 77450-2799
281.945-5133
281.599.9457 fax
www.crosspt.org

HEALTH RECORD

2009-2010

This form is due in the school office by August 1, 2009

Child's Name _____ Sex: M F (please circle) Birthday _____

List any recent illness or chronic illness/condition_____

List any allergies _____

List any medication prescribed for long-term continuous use_____

If your child has been hospitalized within the past 12 months, please explain _____

_____

Please list any conditions for which this child may require special treatment:_____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

_____	_____	_____
Name of Physician	Address	Ph#
_____	_____	_____
Name of Hospital	Address	Ph#

I give consent for CrossPoint Christian School to secure any and all necessary emergency medical care for my child:

_____**Date**_____
Signature – Parent or Legal Guardian

PHYSICIAN'S EXAMINATION and IMMUNIZATION RECORD

I have examined the child named on this form and find that he/she is able to participate in structured CCS programs. I have examined the immunization record and attest that it is a true and accurate listing.

Physician's signature_____**Date** _____

ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORDS TO THIS FORM.
Your child can not participate in the CCS program until this medical information is on file.