

## **CHAMPION CHRISTIAN SCHOOL**

A program of the Christian Family & Children's Center

North Campus 1076 King's Way, Donegal, PA 15628 (724)-593-9200 FAX: 724-593-9210

South Campus 2166 Indian Head Road, Champion, PA 15622

(724)-455-2122 FAX: 724-455-6651

www.champion.org/ccs email: info@champion.org

## **Student Health History**

	Grade	Previous School		
Student Name			malefemale	
	(Last, First, Middle)			
Home Address				
Father's Name		Mother's Name		
(Last, First, Middle)		(Last, Firs	(Last, First, Middle)	
Person with whom	student lives (if other than par	rent)		
Has your child had	any of the following? Give D	etails.		
Allergies	,			
Recurring or serious illnes	s			
ourgenes (Note Type & D.	ale)			
Linotonaji Tobjema				
Jenous Accidents				
nearing Problems				
VISION Problems				
Childhood Diseases (if yes	s, give date):	s Whooping Cough		
		YES (List med		
Tetanus, Diptheria a (MMR); Varicella (Va On this form, please list an the teacher and school nur To the Parent or Guardian: & 7) examination of all chile	and Acellular Pertussis (Tdap); accine or Disease); Meningocco y illness or health problem which you or se be informed of any existing medical of The Laws of the Commonwealth of Pe	your family physician feel should be known conditions. ennsylvania provide for a periodic physical y permission for my child to be examined b	Measles-Mumps-Rubella  n to School Authorities. It is essential that  (grades K. 6 & 11) and dental (grades K. 3	
Signature of Parent	or			
Guardian		DATE		