

# CHAMPION CHRISTIAN SCHOOL

*A program of the Christian Family & Children's Center*

2166 Indian Head Road, Champion, PA 15622

North Campus (724)-593-9200

FAX 724-593-9210

South Campus (724)-455-2122

FAX 724-455-6651

[www.champion.org/ccs](http://www.champion.org/ccs)

email: [info@champion.org](mailto:info@champion.org)

## Student Health History

School \_\_\_\_\_ Grade \_\_\_\_\_ Previous School \_\_\_\_\_  
Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_  
(Last, First, Middle)

Home Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(Last, First, Middle) (Last, First, Middle)

Person with whom student lives (if other than parent) \_\_\_\_\_

**Has your child had any of the following? Give Details.**

Allergies \_\_\_\_\_

Recurring or serious illness \_\_\_\_\_

Surgeries (Note Type & Date) \_\_\_\_\_

Emotional Problems \_\_\_\_\_

Serious Accidents \_\_\_\_\_

Hearing Problems \_\_\_\_\_

Vision Problems \_\_\_\_\_

Childhood Diseases (if yes, give date):

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Does your child take medication daily? NO \_\_\_\_\_ YES \_\_\_\_\_ (List medication and dosage below):

**Please attach immunization record for the following vaccines: Diphtheria & Tetnus (DTap, DTP, Td or DT); Tetanus, Diphtheria and Acellular Pertussis (Tdap); Polio (OPV or IPV); Hepatitis B; Measles-Mumps-Rubella (MMR); Varicella (Vaccine or Disease); Meningococcal (MCV)**

On this form, please list any illness or health problem which you or your family physician feel should be known to School Authorities. It is essential that the teacher and school nurse be informed of any existing medical conditions.

To the Parent or Guardian: The Laws of the Commonwealth of Pennsylvania provide for a periodic physical (grades K, 6 & 11) and dental (grades K, 3 & 7) examination of all children attending school. I hereby give my permission for my child to be examined by the school physician and school dentist as provided for by the Laws of the Commonwealth of Pennsylvania.

Signature of Parent or  
Guardian \_\_\_\_\_

DATE \_\_\_\_\_

**Preschool Kindergarten Elementary Middle School High School**

**"Committed to Academic Excellence within a Nurturing and Distinctly Christian Atmosphere"**