

Anchorage Christian Schools

MEDICAL INFORMATION FORM

Student's Name: _____ Nickname: _____

Grade Entering: _____ DOB: _____ Allergies: _____

Previous School, City, State: _____

Physicals	Immunization
<input type="checkbox"/> New Students - dated within last 3 years	<input type="checkbox"/> Shot record required for kindergartners and new students
<input type="checkbox"/> Kindergartners - dated within present year	<input type="checkbox"/> 2 Measles shots required for all students
<input type="checkbox"/> Sports involved students - dated within present year	<input type="checkbox"/> 2 Hepatitis A and 3 Hepatitis B shots required for all students

Alaska State Law requires TB skin test (PPD) for entrance into kindergarten, 7th grade, and students new to the school district. Please have student tested at his/her medical provider, Public Health Department, or ACS can provide PPD test for a minimal fee.

I understand that my child will be excluded from school if he/she has not met all the Alaska immunization requirements.

Emergency Information

Father's Name: _____

HP: _____ WP: _____ Cellular: _____

Mother's Name: _____

HP: _____ WP: _____ Cellular: _____

Hospital Choice: _____ Physician Choice: _____

Parents are notified first in the case of an accident or an acute illness. The following person(s) should be notified in the event that the school is unable to contact the parents.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parents please give updates on any medical information as it changes.

In an emergency, this information is critical.

First Aid Office

The First Aid Office provides first aid, administers medications, and aids children who become ill during the school day.

Routine Medications my child is currently taking: _____

Marked medications below indicate my consent for use on my child:

<input type="checkbox"/> Hydrogen Peroxide	<input type="checkbox"/> Vaseline	<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Orajel
<input type="checkbox"/> Anti-Bacterial Ointment	<input type="checkbox"/> Tylenol	<input type="checkbox"/> Salt Water Rinses	<input type="checkbox"/> Aveeno Cream
<input type="checkbox"/> Band Aids	<input type="checkbox"/> Tums	<input type="checkbox"/> Individual Eye Wash	<input type="checkbox"/> Benadryl Cream

All Above

None of the Above

The school may release medical information as necessary to care givers in critical situations when parents cannot be reached

Signature: _____ Date: _____

