Anchorage Christian Schools

6401 E. Northern Lights Anchorage, Alaska 99504
Phone: (907) 337-9575 Fax: (907) 269-3859

MEDICAL INFORMATION FORM

Student's Name _____ **Nickname** _____

Grade Entering _____ DOB _____ Allergies _____

School Previously Attended: _____

Physicals	Immunization
❑ New Students - dated within the last 3 years	❑ Shot record required for kindergartners and new students
❑ Kindergartners - dated within present year	❑ 2 Measles shots required for all students
❑ Sports involved students - dated within present year	❑ 2 Hepatitis A and 3 Hepatitis B shots required for all students

Alaska State Law requires TB skin test (PPD) for entrance into kindergarten and 7th grade. All new students to the school district must also have PPD. Please have child tested at his/her physician's office or the Public Health Department.

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 follow 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:

❑ Hydrogen Peroxide	❑ Vaseline	❑ Cough Drops	❑ Orajel
❑ Anti-Bacterial Ointment	❑ Tylenol	❑ Salt Water Rinses	❑ Aveeno Cream
❑ Band Aids	❑ Tums	❑ Individual Eye Wash	❑ 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** _____

DATE	TIME	NOTES