Heritage Christian Academy **Medical History Record**

To be Completed by Parent / Legal Guardian				
CHILD'S NAME	BIRTH DATE	GRADE	BIRTH PLACE	PHONE NO. ( )
ADDRESS (STREET)	CITY		STATE	ZIP CODE
PARENTS / GUARDIAN				HOME PHONE NO.
FATHER'S EMPLOYER	E-MAIL ADDRESS		CELL PHONE NO. ( )	WORK PHONE NO. ( )
MOTHER'S EMPLOYER	E-MAIL ADDRESS		CELL PHONE NO. ( )	WORK PHONE NO. ( )
ALTERNATIVE TO NOTIFY IN CASE OF EMERGENCY			CELL PHONE NO. ( )	WORK PHONE NO. ( )
PREFERRED HOSPITAL				

Medical History

	Yes	No		
1.	☐	☐	Have you ever been "knocked out" or lost consciousness?	Year_____
2.	☐	☐	Have you ever had any "fits" or seizures?	Year_____
3.	☐	☐	Have you ever been hospitalized?	Year_____
4.	☐	☐	Have you ever required an operation?	Year_____
5.	☐	☐	Have you any organs missing other than tonsils or appendix? (eye, kidney, testicle,_____ _____)	
6.	☐	☐	Are you allergic to any medications?	
7.	☐	☐	Do you take any medications regularly?	
8.	☐	☐	Do you have any chronic or recurrent illness	
9.	☐	☐	Do you have to stop while running two laps of a ¼ mile track?	
10.	☐	☐	Has any close relatives of yours had a heart attack or heart trouble under age 50?_____ _____	
11.	☐	☐	Do you wear glasses or contact lenses?	
12.	☐	☐	Do you wear any dental appliances such as a bridge or plate?	
13.	☐	☐	Have you ever had asthma or breathing difficulty?	
14.	☐	☐	Do you have allergies (hay fever, food allergies, skin allergy)?_____	
15.	☐	☐	Is there a family history of allergies (mother, father, brothers, sisters)?	
16.	☐	☐	Have you ever had rheumatic fever or a heart murmur?	
17.	☐	☐	Have you ever had a fracture? Where:_____	
18.	☐	☐	Have you ever had a dislocated knee, hip, shoulder, elbow,_____?	
19.	☐	☐	Have you had a tetanus shot within the last 10 years? Date:_____	

Any other information that athletic department or coaches need to know about child's physical medical histroy:

PARENTAL PERMISSION: If the parent or authorized individual above cannot be reached at the time of any EMERGENCY, and if immediate observation or treatment is urgent in the judgment of the school authorities or the coach, I AUTHORIZE and direct the school to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary?

☐ Yes ☐ No

_____ _____

Date Parent Signature