

**CHRISTINA CULTURAL ARTS CENTER, INC.
STUDENT HEALTH FORM**

Student's Name _____
Last First M.I.

Address _____
Street City/State/Zip Code

Date of Birth _____ Sex _____ Ethnic Origin _____

Parent's Name (if applicable) _____

Employer _____

Home Phone # _____ Work # _____ Cell # _____

Emergency Contacts:

#1 _____
Name Relation Home & Work #

#2 _____
Name Relation Home & Work #

The above student has been given a health examination by a licensed physician within the past two years. Date _____

Physician _____
Name Phone #

The student is under care of a physician for the following condition(s) _____

Current treatment (include medication) _____

Does the student have Epilepsy? Yes() No() Diabetes Yes() No()

Explanation of any reported convulsions, concussion or loss of consciousness.

CCAC Student Health Form

Does the student's condition preclude you or your child from certain activities?

Any treatment to be continued at Christina Cultural Arts Center?

Any medication to be administered at Christina Cultural Arts Center? _____

Any prescribed meal plan or dietary restrictions? _____

Any allergies to food, drugs, insect, plants, etc. _____

Immunization History: Required immunization must be determined locally. Please record the month and year of basic immunization and most recent booster doses accompanied by a form filled out by your physician.

Date of Immunization	Basic	Last Booster
DPT (Diphtheria-Petussis-Tetanus) or DPT (Diphtheria-Tetanus)	_____	_____
Oral of Injectable Polio	_____	_____
MMR (Measles-Mumps-Rubella)	_____	_____
Tuberculin (most recent)	_____	_____

In the event of an emergency, I give my consent for Christina Cultural Arts Center's staff to authorize treatment as prescribed by an attending physician for my child or myself, and I am responsible for all medical costs.

Parent/Guardian Signature _____

Date _____