Liberty Tree Academy Confidential Health Information

Student Information

Name_____ Male_____Female_____

Grade_____ Age_____ Date of Birth_____

Parent/Guardian Information

Name_____ Relationship_____

Home/CellPhone_____ Work/Other Phone_____

Name_____ Relationship_____

Home/CellPhone_____ Work/Other Phone_____

Emergency Contact Information

Name_____ Relationship_____

Home/CellPhone_____ Work/Other Phone_____

Doctor Information

Name_____Phone_____

Student Health Issues (Mark all that apply)

___Vision Problems	_____Speech Difficulty	_____Hearing/Earaches
___Stomach/Ulcer	_____Eating/Sleeping	_____Bone/Joint Disease
___Epilepsy	_____Blood Disease	_____Diabetes
___Food Allergies	_____Headaches/Injuries	_____Other
___Lung/Asthma/TB	_____Heart Condition	

If you have checked any of the above, please describe briefly:

_____

Is your child under medical care?_____ Is your child on medication?_____
If yes, what type?_____What dosage?_____

Will medication be taken at school? Yes___No___Time_____(***A doctor's note, signed by the physician, must be on file for any and all OTC and prescription medications.)***

If parents/guardians cannot be reached in the event of an emergency, any available medical service will be contacted. If ambulance service is necessary, parents/guardians must assume financial responsibility.

_____ _____

Parent/Guardian Signature *Date*