



Christian Heritage Academy

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“Every Student A Scholar”

STUDENT MEDICAL WAIVER

SCHOOL YEAR: _____

STUDENT NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ - _____ - _____ AGE OF STUDENT: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ - _____ - _____ BUSINESS PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____ BEEPER: _____ - _____ - _____

OTHER INFORMATION:

HEALTH HISTORY:

STUDENT HAS OR IS SUBJECT TO (CHECK ALL THAT APPLY):

ASTHMA CONVULSION DIABETES

HEART TROUBLE SWIMMING/SPORTS RESTRICTION

ALLERGY/REACTION TO ANY MEDICATION SPECIAL FOODS OR DIETS

OTHER _____

NONE OF THE ABOVE APPLY
