

PIKE COUNTY CHRISTIAN ACADEMY

ANNUAL MEDICAL UPDATE

A health history update on your child is needed each year so that Pike County Christian Academy staff will be aware and prepared to meet any medical emergency that may occur. Confidentiality will be of high priority, but information may be need to be share with staff to assure everyone will know what care is to be given if any of the below conditions occur.

| Student's Name | | Grade | |
|--------------------------------|--|------------------------|--|
| Does your child have asthm | na as diagnosed by a physician? | | |
| If yes, please list care requi | red | | |
| Is your child allergic to any | medication, foods, or insects (bees) | ? | |
| If yes, please list care requi | red | | |
| Has your physician diagnos | ed your child as hyperactive? | | |
| If yes, please list | | | |
| | Doctor, medication, amount and t | time of administration | |
| | ure disorder as diagnosed by a physi | | |
| If yes, please list | Doctor, medication, amount and t | | |
| Does child have diabetes? | | | |
| If yes, please list | | | |
| | Doctor, medication, amount and t | time of administration | |
| Does your child wear glasse | es? or contacts? _ | | |
| If ves. is the correction for | near vision difficulties or far vision o | difficulties | |