Student Medical Information *Please print clearly and sign all signature lines.*

Student Name: ________________________________ ____________________________________ Sex: M ____ F____

Birthdate: ____________________________________ Age/Grade: ____

Home Phone: ____________________ Work Phone: _____________________ Cell Phone: ____________________

List all medications student takes regularly: ____

Name of Parent/Guardian living with student: ____

In an emergency please notify: _____________________________ Phone: _________________________________

Family Doctor: ____ Phone: _________________________________

HEALTH HISTORY

Conditions (has your child ever had any of the following):

			Allergies:
___Chronic Asthma	___Heart Condition	___Fever-related Seizures	___Drugs
___Physical Handicap	___Frequent Colds	___Whooping Cough	___Hay Fever
___Attention Deficit Disorder	___Frequent Fevers	___Three-Day Measles (Rubella)	___Insect Stings *(specify below)*
___Rheumatic Fevers	___Frequent Stomach Upset	___Ten-Day Measles (Rubella)	___Food Allergies *(specify below)*
___Speech problems	___Frequent Vomiting	___Chicken Pox	___Other Allergies
___Vision problems	___Epilepsy or Nervous Disorder	___Mumps	
___Hearing problems	___Diabetes	___Poliomyelitis	

Please give details on any of the above if checked: ____

Any activity restrictions: Yes __ No __ Any swimming restrictions: Yes __ No __

If yes, give details: ____

Authorization to Consent to Treatment of Minor

I the undersigned, the parents/guardians of the aforementioned student, do hereby authorize First Presbyterian Church, City Tree Christian School as agents for the undersigned to consent to any x-ray examination, anesthetics, dental, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of, any physician, osteopath, dentist, and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment deemed advisable. This authorization is given pursuant to the provision of Section 6910 of the Family Code of California and shall remain effective during aforementioned student's enrollment at the First Presbyterian Church of San Diego, City Tree Christian School. I also understand that my medical insurance will cover any treatment and First Presbyterian Church of San Diego, City Tree Christian School will not be liable. City Tree Christian School insurance is only valid within its limits, after parents/guardians pay the deductible.

Waiver of Rights and Release of Liability

I the undersigned, being the parent/guardian of the aforementioned student, do hereby give consent and permission for my child to enter into activities on and off First Presbyterian Church of San Diego, City Tree Christian School grounds. I also agree not to hold First Presbyterian Church of San Diego, City Tree Christian School and/or its agents, employees, consultants and independent contractors liable for damages, losses or injuries to the persons or property undersigned. The parent/guardians understand that they are signing for the minor listed on this form and that the signature is for both medical and liability release. The parents/guardians also understand that this authorization shall remain effective during the minor's enrollment at City Tree Christian School or until revoked in writing. It is my intention that a copy of this document has the same force and effect as the original.

Authorization to Consent to Health Screenings

I the undersigned, the parents/guardians of the aforementioned student, do hereby give consent and permission for my child to participate in vision, hearing, and/or speech screenings provided by First Presbyterian Church of San Diego, City Tree Christian School or their designated, onsite contractors. I also authorize and give permission to City Tree Christian School and aforesaid contractors to obtain my name, address, and phone number for the sole purpose of providing screening results and follow-up information. I understand that the purpose of these screenings, are to identify children who may be at risk and that these screenings are not a substitute for a doctor or specialist's eye, ear, or speech examination.

Parent/Guardian Signature: ____ Date: _____________________