



## Medical-Immunization Form

You may provide your own doctor's medical form in lieu of the top portion of this form; however, the **In Case of Medical Emergency portion MUST be completed.**

Child's Last Name _____	Date of Exam _____
First Name _____	
Date of Birth _____	Exam:    Normal    Abnormal
Vision _____	Hearing _____
Height _____	BP _____
Weight _____	Pulse _____
Scoliosis    Yes    No	Urine _____
Gym    Yes    No	HGB _____
Allergies _____	
Medications _____	
Restrictions _____	
Comments _____	
_____	

MD's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Vaccination</b>	Date	Date	Date	Date	Date	Date	Date
Polio							
DTP/Dtap							
MMR							
Hib							
Hepatitis B							
Varicella							
Pneu							
Flu Vaccine							
Other							
<b>Screening</b>							
Tuberculin/PPD							
Lead							

**In Case Of Medical Emergency**  
**MUST BE COMPLETED**

I give written permission to The Church in the Highlands ECC staff to obtain medical care for my child if he/she develops symptoms of illness or is injured while at the school.

If there is a serious emergency we will call 9-1-1 and contact you immediately. We will take your child by ambulance to the nearest Hospital Emergency Room, and contact you to meet us there.

I also give permission to clean and apply an antibiotic ointment for minor scrapes and bruises if necessary.

Child's Name: \_\_\_\_\_ Child's Class \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_