



HARVEST CHRISTIAN SCHOOL HEALTH REPORT 2021-2022



Date: 3/24/2021

Student's Name: Full Name of Student. **DOB:** Date of Birth. **Gender:** Gender

Address: Click or tap here to enter text.

City: Click or tap here to enter text. **State:** _____ **Zip Code:** _____

Allergies: Yes No

Foods and other items allergic to: Click or tap here to enter text.

Click or tap here to enter text., Click or tap here to enter text.

Treatment: Click or tap here to enter text.

Asthma / Respiratory Disorders: Yes No

Treatment: _____

Diabetes: Yes No Accu-Chek Required

Is there anything health wise we need to be aware of to be of greater assistance to your child?

Click or tap here to enter text.



Physician's Name: Click or tap here to enter text. **Phone Number:** 10-digit number

Insurance/Medical Record Number: Click or tap here to enter text.

Parent's Name: Click or tap here to enter text.

Telephone #: Click or tap here to enter text. **Cellphone** Click or tap here to enter text. **Work**

Email Address: Click or tap here to enter text.