



HARVEST CHRISTIAN SCHOOL HEALTH REPORT 2023-2024



Date: _____

Student's Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allergies: Yes No

Foods and other items allergic to: _____,
_____, _____,

Treatment: _____

Asthma / Respiratory Disorders: Yes No

Treatment: _____

Diabetes: Yes No Accu-Chek

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

_____ Treatment: _____



Physician's Name: _____ Contact #: _____

Physician's Address: _____

Insurance Group Number: _____ Enrollee Number: _____

Parent's Name: _____

Mother

Telephone #: _____

Home

Work

Cell

Parent's Name: _____

Father

Telephone #: _____

Home

Work

Cell