Cenla Christian Academy

Student Health Information

Date: _____

Name: _____
Last First Middle

Address: _____
Street City/Sate Zip code

Date of Birth: _____ Age: _____ Grade: _____

Allergies:
Please list the following:

Food: _____Symptoms:_____

Medication: _____Symptoms:_____

Other: _____Symptoms:_____

Personal Heath:
Does the student have the following:

1. Any physical handicaps or disabilities? _____
2. Any special healthcare requirements? _____
3. Any dietary restrictions? _____
4. A 504 or any special education needs? _____

If further explanation is needed, please use the space below.

_____
_____
_____
_____
_____
_____
_____

_____
Parent Signature Date