

MERIT ACADEMY'S HEALTH HISTORY FORM

Student's Name: _____ Student's Birthdate: _____
Student Lives With: Mother: _____ Father: _____ Guardian, explain: _____
Student's Ethnicity: _____ Student's Sex: _____
Mother's Name or Guardian: _____ Address: _____
Mother's Home Phone: _____ Mother's Work Phone: _____
Father's Name or Guardian: _____
Address: _____
Father's Home Phone: _____ Father's Work Phone: _____
Special Information (Legal restrictions, Guardian Contact Info): _____

Describe your child's allergies and/or asthma treatment: _____
Describe any surgeries or injuries/fractures: _____
Describe any mental health history: _____
Describe any substance abuse history: _____
List all medications taken: _____
Describe any physical limitations or restrictions: _____

In Case of Emergency, people to contact if parent or guardian is not available:
1st Choice: _____ Phone: _____ Relationship: _____
2nd Choice: _____ Phone: _____ Relationship: _____
Physician: _____ Phone: _____ Relationship: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I/We, the undersigned, am/are the parent(s) or persons having legal custody of the above named minor. I/We now am/are entitled to full and complete custody of said minor child.

I/We hereby authorize Merit Educational Consultants, LLC in whose care the above named child has been entrusted by me/us, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of the state medical laws and hospital care to be rendered to said minor by a dentist licensed under the state dental laws.

We will assume financial responsibility for medical costs.

Parent's/Guardian's Signature _____ Date _____

LIABILITY INSURANCE

Parent/Guardian sign below:

I have been informed that Merit Educational Consultants, LLC DOES carry liability insurance, as required by the Health and Safety Code of our state.

Parent's/Guardian's Signature _____ Date _____

I will provide a current Immunization Record that indicates that my child has received all required immunizations prior to entry into Merit Academy classes.

Parent's/Guardian's Signature _____ Date _____

| Has your child had: | | |
|---------------------|-----|----|
| Illness: | Yes | No |
| Chicken Pox | | |
| Diphtheria | | |
| Measles | | |
| Meningitis | | |
| Mumps | | |
| Pneumonia | | |
| Rheumatism | | |
| Rubella | | |
| Scarlet Fever | | |
| Strep Infections | | |
| Whooping Cough | | |
| Other: | | |
| | | |
| Allergies: | | |
| Eczema | | |
| Asthma | | |
| Diabetes | | |
| Hypoglycemia | | |
| Hyperactivity | | |
| Other: | | |
| Other: | | |

SPECIAL DIET

What type of diet is your child on?

What foods or drugs are your child allergic to?

Please give instructions:

AUTHORIZATION TO LEAVE CARE

The following person(s) is authorized to pick up my child:

Name: _____
 Relationship: _____ Phone: _____

Name: _____
 Relationship: _____ Phone: _____

Name: _____
 Relationship: _____ Phone: _____

Parent's/Guardian's Signature _____ Date _____

| IMMUNIZATION SUMMARY | | | | | | | Exempt Medical Religious |
|----------------------|--|--------------|-----|-----|-----|-----|--------------------------------|
| Child's Age By: | Immunization Needed (Circle Immunization) | Date of Dose | | | | | 6th |
| | | 1st | 2nd | 3rd | 4th | 5th | |
| 12 mos. | 3 DPT or TD | | | | | | |
| 12 mos. | 2 Polios | | | | | | |
| 15 mos. | MMR | | | | | | |
| 15-18 ms. | IDPT or TD | | | | | | |
| 15-18 ms. | 1 Polio | | | | | | |
| 18-59 ms. | HIB | | | | | | |
| 4-6 yrs. | 1 Polio | | | | | | |
| 4-6 yrs. | 1 DPT or TD | | | | | | |
| 14-16 yrs. | 1 DPT or TD | | | | | | |

TUBERCULIN TEST

_____ Yes Test Date: _____

_____ No Results: _____

FIELD TRIP AUTHORIZATION

I give Merit Academy and the adult assistant caregivers permission to take the above named child for field trips as part of the school program. Some of these trips will be by car and seat belts and/or car seats shall be used.

Parent/Guardian's Signature _____ Date _____