



Pikes Peak Christian School
Student Health Examination Record
PPCS Fax: 719-598-1491

Office Use Only:
Grade Level/Class:
Homeroom:

Parent: Please Complete

Child's Name: Birthdate(MM/DD/YY):

Allergies: None Describe:

Type of reaction:

Special Diet:

I, give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number:

Parent or Legal Guardian Signature Date: Authorization expires 365 days after this date

Health Care Provider: To be filled out by licensed practitioner

Date of Last Exam: Recent Weight: HCT: BP: Lead Level:

Physical Exam: Normal Abnormal (see explanation of significant health concerns)

Significant health concerns: None Reactive Airways Disease Seizures Diabetes

Developmental Delays Vision Hearing Hospitalizations Severe Allergies

Other (dental, nutritional, behavior, etc.):

Explain above concerns (if necessary, include instructions to childcare providers):

Current Medications/Special Diet: None Describe:

(Separate medication authorization form required for medications given in Child Care)

Pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol) may be given for pain every 4 hours as needed: Dose See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin, Advil) may be given for pain every 6 hours as needed: Dose See attached Dosage Schedule from our office

Immunizations:

Up-to-date See attached immunization record Administered today:

Signature:

Next Well Visit: Per AAP Guidelines or Age:

This child is healthy and may participate in all routine activities, sports, camps and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) Date