

Calvary Christian School – Children’s Medical Report Form

(Parents/Guardians, please fill out Section A and have your child’s doctor fill out Section B and attach an updated copy of your child’s updated immunization records).

Child’s Name: _____ Date of Birth: _____
Name of Parent/Guardian: _____
Address of Parent/Guardian: Street _____
City _____ State _____ Zip _____

Section A – Medical History (must be completed by parent/guardian):

1. Is child allergic to anything? Circle One: Yes No If yes, what? _____
2. Is child currently under a doctor’s care? Circle One: Yes No If yes, for what reason? _____
3. Is child on any continuous medication? Circle One: Yes No If yes, what? _____
4. Any previous hospitalizations or operations? Circle One: Yes No If yes, when and for what? _____
5. Any history of significant previous diseases or recurrent illness? Circle One: Yes No
Convulsions? Circle One: Yes No Heart Trouble? Circle One: Yes No
If others, what/when? _____
6. Does child have any physical disabilities? Circle One: Yes No If yes, please describe: _____
7. Does child have any mental disabilities? Circle One: Yes No If yes, please describe: _____
8. If applicable, has your rising preschooler or kindergartener had all the necessary vaccines?
Circle One: Yes No N/A **All Preschool/Kindergarten vaccines are required for your child to enter school. Please provide updated immunization records as proof of these before the first day of school.*
9. If applicable, has your rising 7th & 12th grader had a T-Dap vaccine within the last five years and a Meningococcal Conjugate Vaccine (MCV)? Circle One: Yes No N/A
**T-dap and MCV are required for your child to enter 7th & 12th Grade. Please provide updated immunization records as proof of these before the first day of school.*

Parent/Guardian Signature: _____

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Section B – Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the North Carolina Board of Medical Examiners (or a comparable board from boarding states), a certified nurse practitioner or public health nurse meeting DEHNR standards for EPSDT program.

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____
Throat _____ Neck _____ Heart _____ Chest _____ GU _____
Extrem. _____ Neurological System _____ Skin _____
Result of Tuberculin Test (if given): Type _____ Date _____
Normal _____ Abnormal _____
Should activities be limited (circle one)? Yes No If yes, explain: _____

Any other recommendations? _____

Signature of authorized examiner/title: _____
Date of examination: _____ Phone: _____ Fax: _____

****Doctor’s office must stamp this form with the practice name, address and phone number to provide proof that Section B was completed by a licensed physician or other authorized persons mentioned above.***

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Child’s Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: Street _____

City _____ State _____ Zip _____

Section A – Medical History (must be completed by parent/guardian):

1. Is child allergic to anything? Circle One: Yes No If yes, what? _____
2. Is child currently under a doctor’s care? Circle One: Yes No If yes, for what reason? _____
3. Is child on any continuous medication? Circle One: Yes No If yes, what? _____
4. Any previous hospitalizations or operations? Circle One: Yes No If yes, when and for what? _____
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8. If applicable, has your rising preschooler or kindergartener had all the necessary vaccines?
Circle One: Yes No N/A **All Preschool/Kindergarten vaccines are required for your child to enter school. Please provide updated immunization records as proof of these before the first day of school.*
9. If applicable, has your rising 7th & 12th grader had a T-Dap vaccine within the last five years and a Meningococcal Conjugate Vaccine (MCV)? Circle One: Yes No N/A
**T-dap and MCV are required for your child to enter 7th & 12th Grade. Please provide updated immunization records as proof of these before the first day of school.*

Parent/Guardian Signature: _____

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Reminder:

Re-enrolling students in any grade other than Kindergarten are NOT required to have a physical exam to re-enroll. However, rising Pre-K4, 7th & 12th Grade students must turn in an updated immunization record showing the vaccines mentioned above. And, all students in any grade must have “Section A” above filled out and signed by the parent/guardian.

Calvary Christian School – Children’s Medical Report Form

(Parents/Guardians, please fill out Section A and have your child’s doctor fill out Section B and attach an updated copy of your child’s updated immunization records).

PARENT NOTIFICATION:

NEW STUDENTS (ANY GRADE):

Regarding Section B of the enclosed *Children’s Medical Report Form* – Your new student must have had a physical within the last year to enroll. If he/she has not, please schedule an appointment with your child’s physician and have him/her fill out Section B with the results. If your child has already had a physical within the last year, they do not need to have another to enroll. However, you will need to take the enclosed *Children’s Medical Report Form* to your child’s physician and have him/her fill out Section B based on that last physical. The parent/guardian should fill out Section A updating us on any medications, hospitalizations, etc. for your child. Current immunization records and the completed *Children’s Medical Report Form* are due to the school office by your child’s start date or, at the very latest, within 30 days of the start date.

NEW & RE-ENROLLING PRESCHOOL STUDENTS:

In order for your preschooler to be eligible for enrollment at CCS, your child must be FULLY potty-trained (meaning that he/she can clean themselves without any help after using #1 or #2). Our teachers are not allowed to touch the children’s bottoms and our facilities are not set-up to be able to change diapers or Pull-ups since we are an academic school and not a day care. If your child still wears Pull-ups (even only at night), he/she is not eligible for enrollment. However, we understand and can accommodate for the *occasional* accident during naptime.

Also, due to new state immunization requirements, all new and re-enrolling preschool students must have one or more doses of Pneumococcal Conjugate Vaccine (PCV) if born on or after July 1, 2015. The number of required doses depends on when the child began the series. Please be prepared to provide proof of current vaccinations along with your *Children’s Medical Report Form* by your child’s start date or, at the very latest, within 30 days of the start date. A physical examination (Section B of the *Children’s Medical Report Form*) is NOT required for *re-enrolling* preschool students, but IS required for *new* preschool students.

NEW & RE-ENROLLING KINDERGARTEN STUDENTS:

Current immunization records and proof of physical exam within the last year (Section B of the *Children’s Medical Report Form*) are required for new and re-enrolling Kindergarten students. The parent/guardian should fill out Section A of the *Children’s Medical Report Form* and have your child’s physician fill out Section B. This form is due to the school office by your child’s first day of school or, at the very latest, within 30 days of the start date.

NEW & RE-ENROLLING 6TH & 7TH GRADE STUDENTS:

It is required that all rising 6th Grade students have a T-dap vaccine before starting their first day of school. If it has been five years since your child received a tetanus-containing vaccine, he/she will need a dose of T-dap. If it has been less than five years, talk to your child’s physician about the need to receive a dose of T-dap.

Also, due to new state immunization requirements, all rising 7th Grade students must now have, in addition to the T-dap booster required for 6th Grade, one dose of Meningococcal Conjugate Vaccine (MCV) to enter 7th Grade.

Please be prepared to provide proof of these vaccinations along with the *Children’s Medical Report Form* by your child’s start date or, at the very latest, within 30 days of the start date. A physical examination (Section B of the *Children’s Medical Report Form*) is NOT required for *re-enrolling* 6th and 7th Grade students, but IS required for *new* 6th and 7th Grade students.

******Note from the Department of Health and Human Services: The Children’s Medical Report Form and current immunization records must be turned in to the school office no later than 30 days after the child’s start date or parents must show proof that they are trying to get the needed vaccines/physical exam and are meeting scheduled appointments.***