

Please check if your child has had the following prior health conditions:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Primary Complex |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Febrile Convulsions | <input type="checkbox"/> Sclerosis |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Heart Disorder | |

Please indicate any other condition of which the school should be aware of:

Medications taken on a regular basis:

Please indicate the common medicine your child takes for the following:

- Cold:
- Fever:
- Cough:
- Allergy:
- Headache:

AUTHORIZATION

Permission is hereby granted to Everest Academy to conduct emergency measures that are to be initiated in case of accident or illness, with the understanding that at least one parent or guardian will be notified as soon as possible.

We certify that all information in this Medical Form is complete and correct.

We acknowledge that it is our responsibility to inform Everest Academy of any changes in our child's health, physical condition, or medical requirements.

Signature of Father above printed name

Signature of Mother above printed name

Date: _____

Date: _____