





**Lima Christian School**  
 1574 Rochester Street  
 Lima, NY 14485  
 Phone: (585) 624-3841  
 Fax: (585) 624-8293  
 www.limachristian.net

# STUDENT HEALTH HISTORY

(To Be Completed by Parent or Guardian)  
 2007/2008

Please explain completely any of the conditions indicated in table Part B on the other side. \_\_\_\_\_

**PART C: THIS SECTION MUST BE COMPLETED FOR ALL STUDENTS.**

Complete this section		Date
Major accidents or injuries		
Hospitalizations, surgery, serious illness		
Other health problems (physical, mental or emotional)		

**PART D: FAMILY HEALTH HISTORY**

- A new student to LCS must complete this part.
- A re-enrolling student must complete this part with any changes since January 2006.
- Re-enrolling student has had no changes in the family health history since January 2006.

FAMILY MEMBER	YES	GENERAL HEALTH	NO	CAUSE OF DEATH
Biological father living				
Biological mother living				
Biological brothers living				
Biological sisters living				
Adopted				

**MEDICATION POLICY PARENTS PLEASE READ!**

1. *Prescription medications taken at school must be supplied in the original bottle, accompanied by a prescription from the doctor, and a signed permission slip from the parent. THIS IS NEW YORK STATE LAW, and must be renewed each year.*
2. *Over the counter medications (OTC) to be taken at school must be supplied in the original bottle, labeled with the student name, grade, dosage and frequency, and accompanied by a signed permission slip from the parent. PERMISSION FOR OTC MEDICATIONS MUST BE RENEWED EACH YEAR.*
3. **NO MEDICATIONS WILL BE DISPENSED FOR ANY REASON WITHOUT THE ABOVE CONDITIONS AND THE SIGNED RELEASE ON THE STUDENT INFORMATION FORM.**
4. *All medications (prescription and OTC) are kept in a locked cabinet or the refrigerator in the nurse's office.*
5. *A student must have a Dr. prescription & parent note to carry any prescription or OTC med. (Ex. Inhaler, Ritalin) AND THE NURSE MUST BE NOTIFIED.*

**OFFICE USE ONLY**

Physical Exam Form Received:  New student  K  2  4  7  10

**Sports Physicals Received:**

School Year					

**OTC Permission Received:**

Medication	School year	School year	School year	School year	School year	School year



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**Notes:**

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