

STUDENT MEDICAL FORM

MEDICAL AND HEALTH INFORMATION FOR STUDENT



All students applying to WCCA must complete and include this form with their application.

Student Information

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical History (to be completed by the parent)

1. Is your child allergic to anything? Yes No
If yes, what? _____
2. Is your child under a doctor's care? Yes No
If yes, what? _____
3. Has your child had any previous hospitalizations or operations? Yes No
If yes, what? _____
4. Is your child on any continuous medications for medical problems? Yes No
If yes, list the kind, dosage, and frequency? _____
5. Is your child on any continuous medications for learning problems? Yes No
If yes, list the kind, dosage, and frequency? _____
6. Does your child have any history of diseases or recurrent illness? Yes No
If yes, what? _____
7. Does your child have any physical disabilities? Yes No
If yes, what? _____
Will it affect his/her general health, schoolwork, or participation in school events? _____
8. Does your child have any mental disabilities? Yes No
If yes, what? _____
9. Does your child have any neurological or sensory disorders? Yes No
If yes, what? _____
10. Does your child have normal or corrected vision? Normal Corrected
11. Does your child have normal or corrected hearing? Normal Corrected

Immunization Records/Physicals

- **Kindergarten:** All accepted K5 students must provide proof of a Kindergarten physical. This physical form is must be completed by your doctor (and provided by your doctor) and turned in prior to the first day of school. You K5 student will be unable to attend his/her first day of school without a physical form
- **7th Grade** must supply a medical form indicating required immunizations for this grade level have been administered.