

2012-2013 Medical Release

Medical Information | Important! Please complete one form for each child

Due to our privacy policy, the information below must be filed in a separate location. Please complete and sign one form for each child.

Child's Name _____

Parent Name _____

Specific health concerns: Allergies Yes No If yes, please specify? _____

Are there any other medical conditions of which CHC should be aware? _____

Are there any accommodations that need to be made for any of the above conditions? Yes No If Yes, please specify: _____

Are there medications needed during the school day for any of these conditions? Yes No

If Yes, please specify. You will be sent a **Care Plan Packet** to be completed by you and your child's physician. These completed forms must be returned to the clinic prior to your child starting school: _____

Releases and Signatures

My signature below releases all Cherry Hills Christian Enrollment Coordinators to both view and process all information about my student, including confidential information such as medical information, immunization records, health status forms and official education transcripts, upon which time such information will then be filed according to policy.

My signature below also communicates my understanding that the confidentiality of any and all information transmitted by facsimile may be compromised.

Parent or Legal Guardian Signature

Date



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