NORTHSIDE CHRISTIAN ACADEMY

<u>**STUDENT HEALTH INFORMATION**</u>

Student Name: _____ GRADE: _____ AGE: _____

1. Your Student's Health Information is **<u>REQUIRED</u>** to be updated in Renweb.

2. Please login to your Renweb account and update all medical and contact information.

***** PLEASE CHECK THE APPROPRIATE RESPONSE(S) *****

_____My child has medicine and/or food allergies.

_____My child has a medical condition(s).

_____ I have updated all medical and contact information for my child in Renweb.

_____My child does NOT need medication dispensed at school.

_____My child will need medication dispensed at school and I have acquired our physician's signature below.

PARENT'S SIGNATURE: _____

<u>MEDICATION PERMISSION</u>

PHYSICIAN'S SIGNATURE: _____

List all medications that will need to be administered at school.

DATE	*TIME*	*MEDICATION*	*PURPOSE*

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