

# Puget Sound Christian School & Daycare

1740 South 84th Street Tacoma, Washington 98444 253.537.6870 www.pschristianschool.com

## 2022-2023 Student Medical Consent Form

**PLEASE PRINT and FILL IN ALL INFORMATION. If information is not pertinent, please write in N/A.**

**Child's Name** \_\_\_\_\_ Birthday \_\_\_\_\_  Boy  Girl

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ Cell # \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ Cell # \_\_\_\_\_

**Child's Primary Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Medical Insurance** \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber \_\_\_\_\_

**Secondary/Supplemental Insurance** \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber \_\_\_\_\_

### HEALTH HISTORY/INFORMATION:

**Please check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Medications Being Taken _____<br>Time of Dose? _____ | <input type="checkbox"/> Nosebleeds: <input type="checkbox"/> Occasionally <input type="checkbox"/> Chronic                               |
| <input type="checkbox"/> RX Allergy _____<br>Results _____                    | <input type="checkbox"/> Ear Infections? <input type="checkbox"/> Occasionally <input type="checkbox"/> Chronic                           |
| <input type="checkbox"/> Diabetic, Explain _____                              | <input type="checkbox"/> Hearing loss: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both |
| <input type="checkbox"/> Blood Disease, Explain _____                         | <input type="checkbox"/> Wears Eyeglasses: <input type="checkbox"/> All the time <input type="checkbox"/> Reading only                    |
| <input type="checkbox"/> Epilepsy, Explain _____                              | <input type="checkbox"/> Chronic Diseases, Explain _____  |
| <input type="checkbox"/> Rheumatic Fever, Explain _____                       | <input type="checkbox"/> Heart Disease, Explain _____   |
| <input type="checkbox"/> Seizures? Frequency? _____                           | <input type="checkbox"/> Hypertension, _____  |
| <input type="checkbox"/> ADD <input type="checkbox"/> ADHD                    | <input type="checkbox"/> Kidney Disease, Explain _____  |
| <input type="checkbox"/> Allergies/Hayfever? _____                            | <input type="checkbox"/> Convulsions? Explain _____   |
| <input type="checkbox"/> Chicken Pox, Date: _____                             | <input type="checkbox"/> Food Allergies? _____<br>Results _____   |
| <input type="checkbox"/> Mononucleosis, Date _____                            | <input type="checkbox"/> Measles, Date _____ <input type="checkbox"/> Mumps, Date _____   |

Date of last Tetanus Shot: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

(Must be within one year of start date)

Operations or Serious Injuries?  Yes  No Explain \_\_\_\_\_

### Medical and Surgical Consent

If my child requires medical or dental treatment, I, the undersigned, hereby consent to all treatments by the attending physician or dentist and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, X-rays, blood tests, transfusions, suturing or other procedures, which may be deemed necessary for my child, listed above during the stay at this hospital.

### Financial Agreement

I, the undersigned, hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

**I have read the above medical/surgical consent and financial policy. I understand and agree to their content. All information printed is correct.**

Father/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_