Hilltop Christian School

814 Highway O, Rolla, MO 65401

Health & Medical Forms • School Year 2026–2027

Part 2 of 3 — Health & Medical Information. This packet collects information only; the Consent to Emergency Medical Treatment and Medication Authorization signatures are gathered on the Signature & Consent Packet (Page 2). Families may also submit this information through the online health form on the school website.

Health Record

Student Name: _____ Birth Date: _____

Allergies:

Bee Stings: ☐ Yes ☐ No Latex: ☐ Yes ☐ No Foods: _____

Medicines: _____

Other: _____

Vaccination Record

Parents may attach a copy of the official immunization record from the physician or health department in place of completing this table.

Vaccination	1st date	2nd date	3rd date	4th date	5th date	6th date
DTP, DTaP, DT/TD						
Polio (OPV) (IPV)						
MMR						
Hepatitis B						
Varicella (Chickenpox)						
Influenza						
Other:						

School Physicals

Physical examinations are required for all new students, fourth graders, and seventh graders (see Physical Examination Form, completed by a physician).

New Student Exam Date: _____ 4th Grade Exam Date: _____

7th Grade Exam Date: _____

Physician Name: _____

Physician Phone Number: _____

Parent Phone Number: _____

Emergency Contact Person: _____

Medication Restrictions & Allergies

Medications my child may NOT receive:

_____

Medications my child is allergic to:

_____

Other allergies (tape, foods, other):

_____

Note: The school keeps common over-the-counter medications available for students; the medication list is available upon request. All medication brought to school must be given to the teacher in its original container with the student's name and directions clearly marked.

Physical Examination Form

PRE-PARTICIPATION PHYSICAL EVALUATION — VALID FOR 2 YEARS

Note: This form should be completed by a physician and returned to the school within 30 days of the student entering school. Physical examinations are required for all new students, fourth graders, and seventh graders.

Name: _____ Date of Birth: _____

Date of Examination: _____

Physician should consider the following questions:

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff or dip?
- During the past 30 days, did you use chewing tobacco, snuff or dip?
- Consider cardiovascular symptoms

Height: _____ Weight: _____ BP: _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____

Corrected: ☐ Yes ☐ No

Physical Examination — check Normal or note Abnormal findings:

System	Normal	Abnormal Findings
Appearance		
Eyes, ears, nose and throat		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Skin		
Musculoskeletal (Neck, Back, Shoulder, Elbow, Wrist, Hip, Knee, Leg, Ankle, Foot)		

Clearance:

☐ Cleared for all sports without restriction for two (2) years.

☐ Cleared for all sports without restriction for two (2) years with recommendation for further evaluation or treatment for: _____

☐ Not Cleared

Recommendations/Comments: _____

Name of Healthcare Professional (type/print): _____

Address: _____

Signature: _____ Date: _____

Phone: _____

This physical is valid for a 2-year period unless otherwise noted by the physician in the “Recommendations” field listed above.