



Midwestern PKWY Campus: 1615 Midwestern Pkwy,  
 Wichita Falls, TX 763022  
 Preschool Campus: 4729 Neta Ln.  
 Wichita Falls, TX 76302  
 (940) 763-1347  
 www.wichitachristian.com

## Student Health Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does the student have any health conditions or unique circumstances that need to be brought to the school's attention? This may include, but is not limited to, illnesses such as diabetes, seizures, asthma; injuries and hospitalizations during the past 12 months; or any condition that would restrict your student in any way.

YES  NO

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student have any allergies, environmental or food-related?

YES  NO

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student have asthma or use an inhaler?

YES  NO

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If yes was selected for any of the above,  
 an additional form may be sent home for completion.**

I hereby warrant that, to the best of my knowledge, the above-named student is in good health, both physically and mentally, and is free of any contagious or infectious disease. I consider it safe for my student to attend Wichita Christian School and participate in all activities. By signing below, I assume all responsibility for the health of my student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_