

Oregon Pupil Medical Record
Greater Portland Christian Academy
Form must be filled out by the child's parent or legal guardian.

Pupil's Name: _____ Date: _____
 First Last Middle Initial

Sex (circle one) M F Birth Date: _____ Home Phone: _____

Address: _____ City: _____ St: ____ Zip: _____

Parent/Guardian Information

Father's Name: _____ Business Phone: _____
 First Last Cell Phone: _____

Mother's Name: _____ Business Phone: _____
 First Last Cell Phone: _____

Emergency Contact Information

Name: _____ Phone: _____
 First Last

Address: _____ City: _____ St: ____ Zip: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

I hereby give permission for my child to receive emergency medical care and for information on this document to be made available to school and health department authorities.

Signature of parent or legal guardian

Date

Health Problems/Conditions/Allergies

Please list and explain any health problems or conditions that might require special planning or consideration for this child's participation in regular school activities. (examples: chronic disease, crippling conditions, sight or hearing problems, delayed development of bladder or bowel control or any condition requiring daily medication.)

Signature of parent or legal guardian