

Grace Christian Academy

1150 Wyoming St.
Boulder City, NV 89005

HEALTH RECORD

Name _____ Date of Birth _____

Address _____

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CURRENT HEALTH PROBLEMS (\*MUST HAVE MEDICAL DIAGNOSIS)  
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No Known Disability _____
Visual Impairment _____
Blood Disorder* _____
Food Allergy to _____
Hearing Impairment _____
Hearing Aid (R) _____ (L) _____
Potentially Severe Reaction to: _____
Cancer _____
Multiple Disabilities _____
Other _____

Environmentally Hypersensitive
to: _____
ADD/ADHD* _____
Glasses/Contacts _____
Neurological Disease _____
Muscular Disease _____
Diabetes* _____
Seizures* _____
Genetic Syndrome _____
Orthopedic Problems _____

Receiving Medication _____ Yes _____ No

Needed at school? _____ Yes _____ No

If Yes, name of Medication _____

If Yes, Name of Medication _____

Able to take P.E. _____ Yes _____ No
(Must provide medical documentation regarding limitations)

PARENT/GURADIAN SIGNATURE (Required) _____ Date _____

**Please bring to the office an authorized copy of your child's immunization record. All immunizations must be up to date before the child enters school.*

**Upon registration please bring a copy of the Birth Certificate for all students entering Grace Christian Academy.*