

CONCORDIA COLLEGE

NEW YORK

HEALTH FORM – Page 3 of 3

Student Name _____

Age _____ Family Name _____ Given Name _____ Middle _____
Date of Birth ____/____/____ Gender: Male Female
day / month / year

Parents/Guardian Name(s) _____

Street _____ Mother's Name _____ Father's Name _____
City _____

State/Province _____ Postal Code _____ Nation _____

Home Telephone _____ Work Telephone _____

My child has been examined. The physician's recommendation and any restrictions appear below. My child's immunization history appears below. There is no apparent physical or emotional condition that would limit participation in academic or recreational activities.

Comments or restrictions such as allergies, special needs, injuries, etc. _____

Medications _____ Physician's name _____

Physician's Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Telephone _____ E-mail _____

Immunization Record – List Dates

	#1	#2	#3	Booster	Disease
Polio	_____	_____	_____	_____	_____
DPT-DT	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____
TB test	_____	_____	_____	_____	_____
Tetanus Toxoid*	_____	_____	_____	_____	_____
Meningitis*	_____	_____	_____	_____	_____

*Not required, but strongly recommended

RELEASE FORM

In the event of emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by Concordia College to attend to my child. I understand that all students are required to have their own comprehensive health and hospitalization insurance.

Parent/Guardian Signature _____ Date _____

When completed, please return to:

Concordia College, Cultural Immersion Program
171 White Plains Road, Bronxville, NY 10708 U.S.A

171 WHITE PLAINS ROAD, BRONXVILLE, NY 10708

PH: 914.337.9300 FX: 914.395.4500 WWW.CONCORDIA-NY.EDU

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