# RIVERVIEW BAPTIST CHRISTIAN SCHOOL

**4921 W. WERNETT – PASCO, WASHINGTON 99301**

Name _____Grade_____

Address_____City_____State_____

Date of Birth _____Phone Number_____

| IMMUNIZATIONS | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|---|---|---|---|---|---|---|---|---|
| DIPHTHERIA | | | | | | | | |
| TETANUS | | | | | | | | |
| SMALLPOX | | | | | | | | |
| POLIOMYELITIS | | | | | | | | |
| MEASLES VACCINE | | | | | | | | |
| T.B. TEST | | | | | | | | |
| TINE TEST | | | | | | | | |
| WHOOPING COUGH | | | | | | | | |
| GERMAN MEASLES VACCINE(RUBELLA) | | | | | | | | |
| **ILLNESSES** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** |
| MEASLES | | | | | | | | |
| GERMAN MEASLES | | | | | | | | |
| CHICKENPOX | | | | | | | | |
| SCARLET FEVER | | | | | | | | |
| RHEUMATIC FEVER | | | | | | | | |
| MUMPS | | | | | | | | |
| ASTHMA | | | | | | | | |
| DIABETES | | | | | | | | |
| EPILEPSY | | | | | | | | |
| TONSILLITIS | | | | | | | | |
| WHOOPING COUGH | | | | | | | | |
| APPENDICITIS | | | | | | | | |
| EAR INFECTION | | | | | | | | |
| HEPATITIS A OR B | | | | | | | | |

Does you child have: SPEECH DIFFICULTY?_____ HEARING DIFFICULTY? _____ VISION DIFFICULTY?_____

If so explain_____

_____

In case of serious illness or injury at school and you cannot be reached, may we call:

(1) Your family physician?_____

Doctor's Name in Full Phone Number

(2) If he is not available, another physician?_____

(3) Who will assume responsibility for payment of physician's or hospital care?_____

In case of MINOR headache or discomfort do we have your permission to give _____

Student's Name

Regular Aspirin? _____ Children's Aspirin? _____ Tylenol ? _____

Has anyone in your immediate family ever been exposed to or found to test positive for HIV virus?

_____

Has anyone in your immediate family ever been exposed to or found to test positive for Hepatitis C? _____