

Student Health Record

Required for all Students



10600 Richmond
Houston, TX 77042
Phone (713) 783-7200
Fax (713) 783-7286
www.riveroaksacademy.com

Student Information

Student Name: _____
First Middle Last

Gender: Male Female DOB: ____/____/____ Age: _____ Grade enrolling: _____
Month Day Year

Child's physician: _____
Name Phone #

Health Insurance Company: _____ Group #: _____ Policy #: _____

Policy holder's name: _____

Policy holder's social security number: _____ Policy holder's DOB: ____/____/____
Month Day Year

Address: _____
Street City State Postal Code

Home phone Mobile phone Work Phone (Extension No. if necessary)

E-mail (1) E-mail (2)

In case of Emergency Contact (other than a parent/custodian) :

This segment must be filled out for security purposes and the contact must be a **Houston** area resident.

Title First Middle Last Relationship

Home Phone Mobile Phone Work phone

E-mail (1) E-mail (2)

Title First Middle Last Relationship

Home Phone Mobile Phone Work phone

E-mail (1) E-mail (2)

ROA will make every effort to contact the above named individuals; but if unable to do so, school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforementioned child. The school and its associates are not financially responsible for the emergency care and/or transportation of said child.

I give permission for the information on this Health Form and on the Emergency Card to be shared with school personnel on a need-to-know basis in order to provide appropriate services for my child.

Mother or Guardian's Signature or Father's Signature Date

Medical Information

Student Name: _____
First Middle Last

It is school policy that the teacher and staff are informed of any physical or emotional problems that may affect the student's participation in any academic or physical activity. Use space below or write additional information on the back of this form.

Does the student have any type of allergies? _____

Does the student child need an EpiPen or Twinject for his/her allergy? Yes No

Is the student currently taking any medication? Yes No

If yes, please specify _____

Does the student have a physical handicap or chronic illness? Yes No

If yes, please explain. Include information regarding any special arrangements the applicant may need:

Does the student have any mental conditions? Yes No

If yes, please specify _____

Does student have any physical disabilities or limitations? Yes No

If yes, explain. _____

I know of no mental or physical problems, which might affect the ability of the individual named herein to safely participate in this program. I am responsible for notifying River Oaks Academy of any changes in the participant's health or physical/mental condition, which might affect his or her ability to safely participate in any programs in which he or she is enrolled.

I hereby authorize the directors of River Oaks Academy to act on their best judgment in any apparent emergency requiring medical attention for the participant named above.

I hereby waive, release, and indemnify River Oaks Academy staff and facility location of all legal responsibility in the event of any injury to the participant named herein. I waive and release River Oaks Academy from and against any and all claims, actions, causes of action, damages, costs, liabilities, and expense of judgments (including attorney's fees and court costs) arising out of participation in this program.

I hereby execute this Waiver & Release form to induce River Oaks Academy to permit me to participate in this program.

I confirm that I have disclosed all information that I believe to be relevant to the school in the admissions process and that it is accurate, to the best of my knowledge.

I confirm that I have legal custody of the child that I am registering to attend River Oaks Academy or that I have the legal custodian's consent.

Mother or Guardian's Signature or Father's Signature Date