



Grace Christian Academy
Student Health History and Screening Information

Student Name _____ Birth Date ____ / ____ / ____ Grade _____

Please check whether your student has any of the following conditions and comment as necessary:

- Allergy, specify: _____
Is the allergy severe/life-threatening? Yes No
Does your student need an Epi-Pen or antihistamine **at school** for the above allergy? Yes No
- Medication allergy, specify: _____
- Asthma: If checked yes, does your student require an inhaler or nebulized medication **at school**? Yes No
- Seizure disorder: If checked yes, specify type & date of last seizure _____
- Diabetes: _____
- Cardiac conditions: _____
- Bleeding disorder: _____
- Emotional concerns: _____
- Hearing loss: _____
- Vision problems: _____
- Any other health/medical conditions not listed above: _____

My signature below gives the school nurse permission to share pertinent medical information with school personnel.

Parent/Guardian Signature _____ Date _____



State-Mandated Screenings

Texas Health and Safety Codes (§36.004 and §37.001) require that students must be screened for vision, hearing, scoliosis, and acanthosis nigricans (a skin condition associated with high levels of insulin).

Health Screening	Who Must be Screened
Vision and Hearing (Pre-K - 12) Acanthosis Nigricans (1st - 12th)	<ul style="list-style-type: none"> ● 4 years old by Sept 1 ● Kindergarteners ● 1st, 3rd, 5th, and 7th grade ● Any first-time entrants or those without screening record on file
Scoliosis (5th - 12th)	<ul style="list-style-type: none"> ● Girls: 5th & 7th ● Boys: 8th grade ● Any first-time entrants or those without screening record on file (5th - 8th)

Statement Regarding Scoliosis Screenings (5th & 7th grade girls, and 8th grade boys only)

As a Christian private school, we are committed to fostering an educational environment that reflects our deeply held biblical values, including the dignity, privacy, and modesty of every student. After careful consideration, GCA has elected not to conduct on-campus scoliosis screenings.

The screening process typically requires students to assume positions and wear attire that may conflict with our standards regarding personal modesty and privacy. We believe that health-related evaluations of this nature are most appropriately conducted under the direction of parents and healthcare providers in a private medical setting where families can make decisions consistent with their individual needs and convictions.

Please choose one option below to satisfy the spinal screening requirement:

- I will supply documentation to GCA no later than November 1 stating my child has been screened by a licensed professional within the past year. (Sports physicals dated within this timeframe will satisfy this requirement)
- I understand that Texas law requires schools to screen children in grades 5 and 7/8 for spinal problems before the end of the school year. I ask that _____ not be screened because it is against our religious beliefs.

Parent Name _____ Parent Signature _____ Date _____

Complete the section below ONLY if you are declining screenings

Parents may choose to opt-out of one or all of the remaining screenings by completing the information below **and supplying documentation by November 1 stating your child has been screened by: a licensed professional within the past year for the specified condition, or by submitting an affidavit for religious exemption to the school nurse.**

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS (circle those that apply):

Vision Hearing AN

Parent Name _____ Parent Signature _____ Date _____