



CHRISTIAN HERITAGE
ACADEMY

GRADE 12

STUDENT HEALTH REQUIREMENTS

All completed forms are due by the day after Labor Day to avoid school exclusion and should be submitted through the Magnus Button of the [Veracross Parent Portal](#).

Questions? Contact nurse@christianheritage.org.

REQUIRED

1. Updated Meningitis Immunization Record Signed by a Physician or Nurse
 - a. Must include proof of **two Meningitis vaccinations (MCV4 or MenACWY)**. *The first dose is required on or after 11th birthday; second dose is required on or after the 16th birthday. However, if your child did not receive the first vaccine until age 16 or older, then only one dose is required.*
 - b. **Doctor appointments for required vaccines after the deadline will no longer be an acceptable form to avoid school exclusion, per ISBE. All required vaccines must be given, documented and submitted in Magnus by the deadline**

FOR STUDENTS PARTICIPATING IN CHA SPORTS

1. Physical Health Exam (one of the two following):
 - [Illinois Certificate of Child Health Examination and Immunizations](#) OR
 - Must be signed by a doctor and parent within 395 days of the last game of the season
 - A summer exam is highly recommended to avoid mid-season exclusion due to expired forms
 - Parents, please complete and sign the **Health History** (top section page 2)
 - [IHSA Preparticipation Examination](#)
 - Must be signed by a doctor (pages 1 & 4), parent (page 3) and athlete (page 3) within 395 days of the last game of the season
 - A summer exam is highly recommended to avoid mid-season exclusion due to expired forms
2. [IHSA Sports Medicine Acknowledgement & Consent Form](#)
 - Must be signed by athlete and parent within 1 year of the last game of the season

SPECIAL MEDICAL CONSIDERATIONS (as needed)

If your student has a special medical condition that CHA should be aware of, the following forms need to be dated within 1 year prior to entry, completed and be submitted before August 1 so teachers can be informed before school begins. Most forms require physician and parent signatures.

Severe allergy forms that must be updated *annually*:

- [Emergency Food Allergy Action Plan & Treatment Authorization](#)
- [Medication Authorization Form](#)
 - For permission to carry emergency medication at school
 - For students requiring prescription medication during the school day
 - For students who request over the counter medication as needed during the school day
 - OTC permission recommended
 - NOT required for medications already on Action Plans

Severe allergy forms needed *once per enrollment* (unless the child has a change in his/her medical condition):

- [Allergy History and Care Plan](#)
- Passport style photo (no hats, sunglasses, etc) of student's face for identification

Other medical management forms (*updated annually*):

- [Asthma Action Plan](#)
- [Diabetic Medical Management Plan \(DMMP\)](#)
- [Seizure Action Plan](#)
- [Medication Authorization Form](#) (OTC permission recommended)