



Christ the Cornerstone Academy

10401 McColl Rd Laurinburg, NC 28352

Where JESUS Makes the Difference

Phone: 277-0077 Fax: 277-8682

A ministry of Stewartsville Baptist Church

Student Medical Form

All students applying must include this form when the application is submitted to the Admissions Office.

All kindergarten students accepted by CTCA will need to provide proof of a physical. The physical form must be completed by your doctor and turned in to the Admissions Office by the first day of school.

All students entering 6th grade must have a booster dose of DTP vaccine according to NC law.

Name of Student: _____ Birth Date: _____ Grade: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Medical History: (To be completed by the parent)

1. Is your child allergic to anything? _____ Yes _____ No If Yes, what?

2. Any previous hospitalizations or operations? _____ Yes _____ No If Yes, what?

3. Does your child take medication on a regular basis? _____ Yes _____ No If yes, what?

4. Any history of disease or recurrent illness? _____ Yes _____ No If yes, what?

5. Does your child have any physical or mental disabilities? _____ Yes _____ No
If yes, what? _____

6. Does your child have any medical restrictions that would keep him/her from participating in
Physical Education? _____ Yes _____ No If yes, what?

Family Doctor:

Name: _____

Phone: _____

Family Dentist:

Name: _____

Phone: _____