

# SCHOOL NURSE PROGRAM

Camden County Non-Public Schools

## HEALTH RECORDS UPDATE

Dear Parents:

In an effort to maintain student health records, updated health information is requested. If your child has had a physical examination, received immunizations, had surgery, or was placed on long-term medication therapy **during the past year**, please complete and return the form below.

No medical information will be shared with other school personnel unless requested by the parent or, if necessary, for your child's safety or well-being. (If health information previously submitted has not changed, please disregard this letter). Thank you.

Sincerely,

School Nurse

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Physical exam in the last year: No Yes Date \_\_\_\_\_

Is your child currently under a physician's care? No Yes

Reason? \_\_\_\_\_

**Recent Immunizations and Date Received** *Please send note from Physician*

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Surgery (be specific), illness, injuries - Please indicate dates

\_\_\_\_\_  
\_\_\_\_\_

Received new glasses/contacts? Yes Date \_\_\_\_\_

Medications currently receiving: \_\_\_\_\_

Please list any comments you feel necessary regarding your child's health or behavior. \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*