

Camden County Department of Health & Human Services School Health Program

HEALTH RECORDS UPDATE

The King's Christian School
School Name

Dear Parent/Guardian:

In an effort to maintain current student health records, updated health information is requested. If your child had a physical examination, received immunizations, had surgery, or was placed on long-term medication during the year, please complete and return the form below. If there were no health changes and the information previously submitted has not changed simply check the appropriate box, sign, and return the form.

Sincerely,

School Nurse

Student's Name: _____

Grade _____

Physical exam in the last year ___yes ___no

Date _____

Immunizations and Date Received – Please send note from Physician

Immunization

Date

Immunization

Date

Allergies

Surgery (be specific), illness, injuries – Please indicate dates:

Date

Date

Date

Received new glasses: ___yes ___no _____Date

Wearing contacts: ___yes ___no

Medications currently receiving: _____

There have been no health changes to my son/daughter during the past year. (Please check if applicable)

Parent/Guardian Signature

Date

Comments: _____
