

## Campbell County School District Health Data Sheet

Student's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Family Dentist \_\_\_\_\_

***ATTENTION PARENTS: If your child has significant health issues that will require attention at school, you are responsible to notify the school nurse. Though the school nurse will review this form, directly notifying the school nurse of your child's significant health issues will help to insure your child health needs are addressed.***

**Please mark yes or no. If yes, please comment.**

Medical History	Yes	No	Age diagnosed	Comments
ADD or ADHD	Yes	No	_____	_____
Allergies - List	Yes	No	_____	_____
Asthma	Yes	No	_____	_____
Hay fever	Yes	No	_____	_____
Anemia	Yes	No	_____	_____
Bone-Joint Problems	Yes	No	_____	_____
Cancer	Yes	No	_____	_____
Dental Problems	Yes	No	_____	_____
Braces or Dental Appl.	Yes	No	_____	_____
Ear Infections	Yes	No	_____	_____
Ear Tubes	Yes	No	_____	_____
Hearing Problems-Aides	Yes	No	_____	_____
Eye or Vision Problems	Yes	No	_____	_____
Glasses-Date/Last Exam	Yes	No	_____	_____
Contact Lenses-List Type	Yes	No	_____	_____
Headaches	Yes	No	_____	_____
Migraines	Yes	No	_____	_____
Heart Problems	Yes	No	_____	_____
Stomach/Bowel Problems	Yes	No	_____	_____
Kidney-Bladder Problems	Yes	No	_____	_____
Seizures	Yes	No	_____	_____
Diabetes: Type 1	Yes	No	_____	_____
Diabetes: Type 2	Yes	No	_____	_____
Communicable Diseases				
Chicken Pox	Yes	No	_____	_____
Hepatitis-type	Yes	No	_____	_____
Mononucleosis	Yes	No	_____	_____
Pneumonia	Yes	No	_____	_____
Strep Throat	Yes	No	_____	_____
Problems at Birth	Yes	No	_____	_____
Genetic Disorders	Yes	No	_____	_____

Other Yes No \_\_\_\_\_

Accidents	Date	Injuries	Date	Surgeries	Date

**Medications**
**Dose**
**Time Taken**

\_\_\_\_\_ Will Med be taken at school? Yes No

\_\_\_\_\_ Will Med be taken at school? Yes No

Health concern information may be released to school staff on an "as need to know" basis. Immunization records may be released to public or health agencies upon request.

\_\_\_\_\_  
**Authorized Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**