## Campbell County School District Health Data Sheet revised 2/12 Student's Legal Name \_\_ (Last) (First) (Middle) Grade Birth date Family Doctor Family Dentist ATTENTION PARENTS: If your child has significant health issues requiring attention at school, you are responsible for notifying 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 ensure your child's health needs are addressed. Please circle yes or no. If yes, please comment. **Medical History** Age when 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 Ear Infections Yes Ear Tubes No Yes 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 Date Injuries Date Accidents 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