

Camden County Department of Health & Human Services School Health Program

HEALTH RECORDS UPDATE

The King's Christian School  
School Name

2011-2012 school year  
School Year

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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_