

Camden County Schools

Student Health Form

School Year _____

Student Name: _____ DOB: _____ Grade: _____

**Parent/ Guardian, please complete this form entirely, front and back, and return directly to School Nurse. Please note that you assume responsibility for notifying the Nurse immediately of any new or changed health condition or status, and also providing orders, treatment plans, medications, and/ or MD documentation of any conditions listed below.*

Health Conditions	Yes	No	Explanation and Treatment prescribed?
Allergy to food, insect, medication, material?			Epi Pen?
Asthma/ Lung condition?			Inhaler?
Seasonal Allergy?			
Seizures / Epilepsy?			Diastat?
Diabetes? Insulin injections or Pump?			Type 1 or 2?
Migraine Headaches?			
Head injury/ Concussions?			Year diagnosed?
Skin Disorders?			
Blood/ Clotting Disorders?			
Immunosuppression?			
Back/Head/ Neck Neurological Disorders?			
Kidney/Bladder Disorders?			Catheter?
Stomach/Bowel Disorder?			IBS? Celiac Disease? Crohn's? G-tube?
Cystic Fibrosis?			
Organ Transplant?			
Fainting Spells?			
Cancer?			
Mouth/Throat/Swallowing Disorder?			
Ear/ Hearing/Speech Disorder?			Hearing Aids?
Vision/ Eyesight Disorder?			Glasses?
Liver Disorder/ Hepatitis?			
Heart Condition/ High Blood Pressure?			
Bone/ Muscle/ Joint Disorder?			Wheelchair?
Psychological/Mental Health Disorder?			
Surgeries?			Date? Type?
Other Disorder/Condition not listed above?			
Prescribed Medications at home or school?			
Prescribed Dietary Restriction?			
Special therapies receiving at school?			Speech? Physical? Occupational?
IEP? 504 plan? OHI?			
Doctor name?	xxx	xxx	Dentist Name?

*Under certain and rare circumstances, the Nurse may need to share or receive information to/from your child's Medical or Dental Provider in regards to a change in condition, medication efficacy, glucose readings, etc. The Nurse **DOES or DOES NOT** have parental permission to do so? (Circle answer)

Parent/Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____

Cell Phone # _____ Work # _____ Email _____

Other Emergency Contact Information:

(Please complete in case of emergency and no access to computer records)

Name	Relation	Cell Phone	Work Phone	May pick up?

Please initial statement of understanding below.

- ____ I understand my child may not bring or take any medication, either prescribed or over the counter, to school without the following: 1) Medication Authorization form completed and signed by your Healthcare Provider, or a completed Permission to Self-Carry medication form, and
2) Medication properly labeled and delivered directly to School Nurse by parent. without following the above No Exceptions.
- ____ I understand that my child may not come to school with fever, vomiting, diarrhea, unexplained rash, uncontrolled cough, open and draining wounds, or any other condition which may be deemed possibly contagious by the School Nurse. The student should NOT be given medication to stop or mask the symptoms (Tylenol, Motrin, Pepto Bismol etc) and MUST be symptom free for 24 hours without medications before returning to school.
- ____ I understand that if my child has a health condition that may require emergency medication (Epi-Pen, Inhaler, Diastat, Glucagon), the medication and medical documentation must be provided to School Nurse on their first day of in person attendance.

The Camden County School Nurses look forward to a wonderful school year and are honored to serve your student and family! Please screenshot or note the below contact information, and don't forget to visit the Camden County Schools webpage (ccsnc.org). Choose "School Health Services" under the Departments heading, and feel free to download forms, read policies or procedures, etc.
Wishing you safety and good health!

Grandy Primary School - Nurse Kelli Scott, MSN, RN, NCSN KScott@camden.k12.nc.us

Camden Intermediate School – Nurse Laura Berry, BSN, RN, NCSN LBerry@camden.k12.nc.us

Camden Middle School – Nurse Julie White, BSN, RN, NCSN jwhite@camden.k12.nc.us

Camden County High School & Camden Early College – Nurse Kim Hollingsworth BSN, RN, NCSN
khollingsworth@camden.k12.nc.us