

SC Special Services School District  
Cumberland Campus  
13 Ramah Road  
Bridgeton, NJ 08302  
(856) 459-2613



Ellison School  
1017 SouthSpring Road  
Vineland, NJ 08360  
(856) 691 - 1734

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## HEALTH RECORDS UPDATE

\_\_\_\_\_ Academic Year

Dear Parent/Legal Guardian:

In an effort to maintain current student health records, updated health information is requested. If your child had a physical examination, surgery, received immunizations, or was placed on long-term medication therapy during the year, please complete and return the form below. Thank you.

Sincerely,

School Nurse

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Exam in the last year?       No    Yes      Date of Exam: \_\_\_\_\_

1. Were immunizations given?    No    Yes      If yes, please send note from Physician.

2. Physician's name and phone# \_\_\_\_\_

3. Does your child have asthma?    No    Yes      Type: \_\_\_\_\_

4. Does your child have allergies?    No    Yes      To What: \_\_\_\_\_

5. Does your child wear       Glasses       Contact Lenses       Neither

6. When was your child's last eye exam? \_\_\_\_\_

### **SURGERY, ILLNESS, INJURIES (Please be specific)**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Medications taken daily: \_\_\_\_\_

Please list any comments you feel necessary regarding your child's health or behavior:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_