

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

6940 Oxford Gettysburg Road, New Paris, Ohio 45347

Phone (937) 437-3333/ Fax (937) 437-7306

STUDENT HEALTH FORM

To better serve your child at school, we need information related to their health. Please fill out and return to school as soon as possible and remember to notify us if there is a change throughout the school year.

Child's

name _____ Grade _____ Birthdate _____

Please check all that apply:

- | | |
|---|---|
| _____ Abdominal pain
(Frequent stomachaches) | _____ Hearing Problems |
| _____ Allergies | _____ Eye/Vision Problems |
| _____ Asthma | _____ Frequent nosebleeds |
| _____ Blood disorders | _____ Frequent urination
(Daytime wetting) |
| _____ Bone/Joint problems | _____ Glasses/contacts |
| _____ Constipation | _____ Heart murmur |
| _____ Diarrhea | _____ Hernia Repair |
| _____ Dizzy/fainting spells | _____ Severe head injury |
| _____ Diabetes | _____ Skin rashes |
| _____ Ear aches/tubes | _____ Recent surgery |
| _____ Headaches | |

What do you want done if these symptoms occur at school?

Are there restrictions to any activities that school staff should be alerted to?

If you would like to speak with the school nurse regarding your child's medical condition, feel free to contact the clinic @ (937) 437-3333 Ext. 1105.

Thank You
Sarah Miller, RN,MS,NCSN
National Trail School Nurse