

## **STUDENT HEALTH DATA SHEET**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Teacher Name/Homebase:** \_\_\_\_\_

**Has a physician told you that your child has a medical/health condition(s) or allergy we need to be aware of at school? Please explain.** (This information may be shared with school staff as needed to best serve your child while at school.)

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**If so, do you feel your child needs a specialized health care plan/ emergency action plan (EAP) for this medical/health condition or allergy at school? YES ☐ NO ☐ (This is not an IEP/PEP or 504 Plan)**

- **If you checked yes, you will receive paperwork from your school nurse to complete at home and return to school about your child's health care needs at school.**
- In order for any medications to be given at school, the school will need a doctor's order and written parent permission (G.S. 115-C-375.1) ***Students are only allowed to carry and self-medicate with emergency medication such as inhalers and/or Epipen.***
- It is the parent/guardian responsibility to inform the cafeteria manager of your child's special dietary needs and/or food allergies **annually**. A **Medical Statement for Students with Special Nutritional Needs\*** form must be completed by the medical provider and parent/guardian.
- Since health care information and needs change frequently, it is the parent/guardian responsibility to inform the school (including coaches, band instructors, before/after school care staff, bus drivers) annually, ***or more frequently***, of the health care needs of their child/children.
- Has your child sustained any head injury/concussion during the past year confirmed by a physician?  
Yes\_\_\_\_ or No \_\_\_\_

*\*All of the forms above can be accessed online at [www.lincoln.k12.nc.us](http://www.lincoln.k12.nc.us). Click on Instructional Services, Scroll down to Student Services, and click School Nurses. The forms are available under this tab.*

*North Carolina has enacted new immunization laws for first-time Kindergarten enrollees and 7<sup>th</sup> graders. Please see your healthcare provider for additional information or you may contact your school nurse at your child's school or at the Lincoln County Health Department at 704-735-3001.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**IHCP/EAP Sent**\_\_\_\_\_

**Follow-up**\_\_\_\_\_

\_\_\_\_\_  
**Nurse's Signature**

\_\_\_\_\_  
**Date**

**Returned YES**\_\_\_\_\_

**NO**\_\_\_\_\_