



CHIPPEWA VALLEY SCHOOLS

Chippewa Valley Schools- Setting the Standard for Educational Excellence
Inspiring and empowering learners to achieve a lifetime of success

TO BE COMPLETED BY PARENT/GUARDIAN:

Student: _____ Birthdate: _____

School: _____

Grade: _____ Teacher/Room: _____

Parent #1: _____ Ph#1: _____ Ph#2: _____

Parent #2: _____ Ph#1: _____ Ph#2: _____

Student's Physician: _____ Ph#: _____

School Day Time: _____

Physical Education Days and Times: _____

Will your child ride the bus to and from school? Yes____ No____

Will your child attend before or after school day care? Yes____ No____

If yes, what days and times? _____

Extracurricular school activities: _____

Student Diagnosis: _____

Symptoms:

Treatment:

Procedure if student is exhibiting symptoms:

Please indicate additional care or time line for calling 911:

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Please return completed form to your child's school either in person, by mail or fax directly to the school.

This information will be shared with student's teachers, administrator, secretaries, hall monitors, lunch aides, bus drivers, and other staff involved with the student.