



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: _____

TO BE COMPLETED BY PHYSICIAN:

Student Diagnosis: _____

Symptoms:

Treatment:

Procedure if student is exhibiting symptoms:

Please indicate additional care or timeline for calling 911:

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____