

CONNELLSVILLE AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Information requested on this form will be of help to school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. This information will be shared with necessary school personnel.

Please identify any **ILLNESS OR HEALTH CONCERNS** your family doctor has diagnosed. If your child's physical activities are to be limited, please submit a written statement from your doctor describing the limitations.

CHILD'S NAME _____ GRADE _____ HR _____

BUILDING _____ HOME PHONE _____

EMERGENCY NAMES AND PHONE NUMBERS _____

(work place, grandparent, neighbor, etc.) _____

CELL PHONE NUMBER(S) _____

EMAIL ADDRESS (optional) _____

ILLNESS OR HEALTH CONCERN: _____

(PARENT/GUARDIAN SIGNATURE) (DATE)

*****PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER*****

CONNELLSVILLE AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Information requested on this form will be of help to school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. This information will be shared with necessary school personnel.

Please identify any **ILLNESS OR HEALTH CONCERNS** your family doctor has diagnosed. If your child's physical activities are to be limited, please submit a written statement from your doctor describing the limitations.

CHILD'S NAME _____ GRADE _____ HR _____

BUILDING _____ HOME PHONE _____

EMERGENCY NAMES AND PHONE NUMBERS _____

(work place, grandparent, neighbor, etc.) _____

CELL PHONE NUMBER(S) _____

EMAIL ADDRESS (optional) _____

ILLNESS OR HEALTH CONCERN: _____

(PARENT/GUARDIAN SIGNATURE) (DATE)

*****PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER*****