

STUDENT HEALTH INFORMATION

SUMMER SCHOOL 2017

This form is intended for Parochial School students and other students NEW to the Watertown School District, including incoming kindergartners.

Dear Parent/Guardian:

In order to meet your child's health needs while at summer school, please provide the following information. If your child does not have any health issues, you do not need to complete this form. If your child will need to take medication while at school, please fill out the medication consent form, found online on the district website, or at Lincoln School. **Medication cannot be administered during summer school without a signed medication consent form, and medication must be provided in the original container with the student's name on it.**

This form can be mailed or dropped off at Lincoln School, 210 N. Montgomery St., Watertown, 53094.

Student _____
Last name First name Middle Initial

Date of birth _____

Grade in 2016-17 _____

Does your child have any health concerns or conditions of which the school should be aware? (e.g. diabetes, asthma, seizures, food or other allergies, heart condition, etc.). Please explain:

I consent to have the above information shared with school staff that needs to be aware of my child's health issues.

Parent Signature

Telephone

Please return this form to Lincoln School by May 1, 2017.

If you have any questions, please call Lynn Gilbert at 262-1460 Ext 3219, or the summer school office at Lincoln School: 262-1465.

Thank you.

Lynn Gilbert, RN
Watertown District School Nurse