



WATERTOWN
UNIFIED SCHOOL DISTRICT

Educational Services Center
111 Dodge Street
Watertown, WI 53094

Cassandra Schug, Ph.D.
Superintendent of Schools
(920)262-1460 Ext. 3229
schugc@watertown.k12.wi.us

Student Name (First, MI, Last) _____ Date of Birth _____

Parent/Guardian Name _____ Phone Number _____

Address _____

MEDICAL PROVIDER'S STATEMENT

Is the student able to wear a face covering? YES _____ NO _____

If no, please provide a brief explanation and suggested appropriate PPE in the space below.

Provider Name (print) _____ Clinic/Office Name _____

Telephone Number _____ FAX _____

Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____