



To:

From: School Nurse

Winton School District

Date:

School Year:

HEALTH INFORMATION FOR TEACHERS

Student:

Grade:

This student has certain physical and/or health conditions you should know about. Please see me if you have questions.

Vision:

Hearing:

Diabetes:

Seizure Disorder:

Asthma:

Orthopedic Problems:

Other:

Remarks:

Follow up: Parent will be contacted

Child will be retested

No follow up indicated, (observe)