



School District of Manawa

Student Health Services

District Nurse Olivia Koehn RN, BSN|(920) 596-5841
Health Aide MES Kris Thompson|(920) 596-5735
Health Aide LWJSHS Sandy Dunnihoo|(920) 596-5845
Elementary Fax (920) 596-5339 | Jr./Sr. High Fax (920) 596-2655

Mandatory Yearly Health Update Form for School Year: _____

Student Name _____ Date of Birth _____
School Building _____ Teacher _____ Grade _____

***This form must be signed and returned with registration materials whether or not your student has health conditions.**

Our records indicate that your student has the following health condition(s) or allergy(ies):

Please take the enclosed forms to your child’s appointments this summer and return them to school ASAP. We hope to have medical paperwork back before school starts. If your student no longer has the condition(s) or you feel a plan is not necessary, a physician should write one of those reasons on the form and sign it or you should contact the school nurse to discuss the situation.

Parent/Guardian Signature: _____



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Mandatory Yearly Health Update Form for School Year: _____

Student Name _____ Date of Birth _____
School Building _____ Teacher _____ Grade _____

***This form must be signed and returned with registration materials whether or not your student has health conditions.**

Our records indicate that your student **has no health conditions or allergies.**

If your student **does** have any health condition(s) or allergy(ies) we are not aware of, please write them in:

*medical forms can be accessed on the district website or they can be requested from the school offices.

Parent/Guardian Signature: _____