



## 316-1 Parental Request for Ongoing Student Health Support

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School Year: 20\_\_ to 20\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I request that \_\_\_\_\_ staff  
*(name of school)*  
provide the following ongoing health support for my child.

Specifically, I am requesting the school provide the following care:

\_\_\_\_\_  
Parent / Guardian (Print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date