

WEeping WATER PUBLIC SCHOOLS

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WEeping WATER NE 68463

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“Every Student, Every Day, Life Long Learning is the Weeping Water Way”

is to empower

DOCUMENTATION OF VARICELLA (CHICKENPOX) DISEASE

(To be filled out by the parent, guardian, or medical provider of the student.)

This document is being submitted on behalf of:

(Name of student)

(Birth Date of student)

I, _____, verify that the above listed student had
(Parent, Guardian, Medical Provider)

the varicella disease on _____ (year).

Signature of parent/guardian or medical provider

Date