**SCHOOL CITY OF WHITING**

**Office of Health Services
(219) 473-4019 or (219) 473-4029**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_ School Year Entered\_\_\_\_\_/\_\_\_\_**

I will need to obtain your child's health record from his/her previous school.

Please provide the necessary information below:

Student's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gr.\_\_\_\_\_\_\_

Name of previous school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of previous school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of previous school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number of previous school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to forward the above named student's health records to:

 (parent or guardian's name)

**School City of Whiting
C/O School Nurse
1500 Center Street
Whiting, IN 46394**

Or please fax a copy of health records to the fax number circled below:

Nathan Hale Elementary School (219) 473-1343
Whiting Middle School (219) 473-4017
Whiting High School (219) 473-1341

Thank you for your help and cooperation on this matter.

Sincerely,

Amy Segura, R.N. Date requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
School Nurse
School City of Whiting By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 02/28/17