## ONGOING HEALTH CONCERNS

Date of Birth:	Grade:	Building
	ool nurse. If you ha	ing health concerns, please complete this form we questions or concerns you may call her.
Denise Howe, RN Centerville Commun 1800 S. 11 <sup>th</sup> Street Centerville, IA 52544 641-856-0628 or 895 fax: 641-856-0641 email: jackie.kelly@g	1 -3809 gpaea.k12.ia.us	Pat Tresemer, RN Centerville Community School District 600 CHS Drive Centerville, IA 52544 641-856-0806 or 895-8143 fax: 641-856-0809 email: pat.tresemer@gpaea.k12.ia.us
Your health provider l		
This condition is curre Phone # Has hospitalization be		year?NOYES
		NOYES If so, list them and what time of day they are taken:
available on this webs authorization form. Br	site or contact the schring the completed for	chool day, please fill out the authorization form nool nurse or building office for the appropriate orm and the medication to the building office.
responsible emergence		ely of changes in phone numbers, addresses, doctor.
Signature of parent	/guardian	date