

**USD #368 School Health Services**  
**Chickenpox Form**

(Please complete **IF** your child has had chickenpox)

To School Nurse:

My Child \_\_\_\_\_

- Had chickenpox on \_\_\_\_\_  
Month/Day/Year

Parent signature: \_\_\_\_\_

Date \_\_\_\_\_

This form is due by August, 12, 2009.

Please send it to the nurse's office with your child, fax, or mail it.

Thank you.

**Cottonwood Elementary**

709 N Hedge Lane  
Paola, KS 66071  
Phone: 913-294-8050  
Fax: 913-294-8051

**Hillsdale Elementary**

22795 W 255<sup>th</sup> St  
Hillsdale, KS 66036  
Phone: 913-294-8060  
Fax: 913-294-8061

**Sunflower Elementary**

1401 E 303<sup>rd</sup> St  
Paola, KS 66071  
Phone: 913-294-8040  
Fax: 913-294-8041

**Paola Middle School**

405 N Hospital Dr.  
Paola, KS 66071  
Phone: 913-294-8030  
Fax: 913-294-8031

**Paola High School**

401 N Angela Dr.  
Paola, KS 66071  
Phone: 913-294-8010  
Fax: 913-294-8011