SCHOOL HEALTH ADVISORY COUNCIL FORM

Contractor's Name: _____

☐ Letter of Declination from Local Health Agency included, if applicable.	School Age Child	Medically Fragile Child	Special Education Child	PTA Representative	Middle School	Junior High School	High School	Physician	Dentistry	Mental Health	Public Health	Other Health Professions	Civic Group	Religious Group	Human Services	Youth Services	School Nurse	Health Teacher	Other Teacher	School Administrator	School Counselor	Food Services	Other (please note)	Business	Government Officials	Other Professionals (e.g. public media, attorney, law enforcement officials, etc.).
MEMBER'S NAME & ROLE	**PARENT**				**STUDENT**			**HEALTH**					**COMMUNITY**				**EDUCATION**							**OTHER**		
(example) John Smith, Co-Chair	X								X																	