

CENTRAL SCHOOL DISTRICT  
NOTIFICATION OF ILLNESS/INJURY

Dear Parent/Guardian:

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

Your son/daughter was seen in the **Health Office today**. Please be advised of the following:

**NAME:** \_\_\_\_\_ Time In: \_\_\_\_\_ AM/PM Time Out: \_\_\_\_\_ AM/PM

**Class(es) Missed:** Eng. \_\_\_\_\_ Math \_\_\_\_\_ Soc. St. \_\_\_\_\_ Science \_\_\_\_\_ Phys. Ed \_\_\_\_\_ Other \_\_\_\_\_

**STUDENT'S SYMPTOMS:**

Stomachache	Sore Throat	Nausea	Earache	Headache	Nosebleed	
Menstrual cramps	Diarrhea	Rash	Injury			
Other _____						
<b>Head Injury</b>	Pupils Equal & Reactive <b>Y/N</b>	Headache <b>Y/N</b>	Dizziness <b>Y/N</b>	Blurred Vision <b>Y/N</b>	Weaknesses <b>Y/N</b>	Nausea <b>Y/N</b>
Will be rechecked at: AM/PM	Time: _____ AM/PM Abnormal:	Normal <b>Y/N</b>	Time: _____ AM/PM Abnormal:	Normal <b>Y/N</b>	Time: _____ AM/PM Abnormal:	Normal <b>Y/N</b>

Comments: \_\_\_\_\_

**NURSING OBSERVATION:** Temp \_\_\_\_\_ ° F B.P. \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

Comments: \_\_\_\_\_

**NURSING CARE PROVIDED:** \_\_\_\_\_

Rest reassurance, return to class \_\_\_\_\_ Rest, reassurance, remain in health office because unable to arrange for discharge \_\_\_\_\_

Return for follow-up at \_\_\_\_\_ AM/PM Sent home \_\_\_\_\_ Ambulance to hospital \_\_\_\_\_

Rest \_\_\_\_\_ Ice \_\_\_\_\_ Elastic Bandage \_\_\_\_\_ Elevate \_\_\_\_\_ Cleaned and Bandaged \_\_\_\_\_

Health Counseling/Teaching: \_\_\_\_\_

Other: \_\_\_\_\_

**NOTIFICATIONS:**  Phone Call  Note

Parent: Home \_\_\_\_\_ Work \_\_\_\_\_ Left Message \_\_\_\_\_ (indicate name and time)

Emergency contact: \_\_\_\_\_ Left Message \_\_\_\_\_ (indicate name and time)

Private Doctor: \_\_\_\_\_ Left Message \_\_\_\_\_ (indicate name and time)

Parent/Guardian/Designate picked up at school \_\_\_\_\_ (indicate name and time)

Please observe your child for further problems and call your own doctor if necessary

Signature \_\_\_\_\_  
Nurse