



REPORT TO PARENT/GUARDIAN

Date _____ School _____ Grade ____ Room # _____

Student _____ DOB _____ Time in: _____ Time out: _____

<input type="checkbox"/> Headache	<input type="checkbox"/> Eyes	<input type="checkbox"/> Throat	<input type="checkbox"/> Nose
<input type="checkbox"/> Stomach ache	<input type="checkbox"/> Teeth	<input type="checkbox"/> Cough	<input type="checkbox"/> Cleanliness
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Earache	<input type="checkbox"/> Skin	<input type="checkbox"/> Other

T _____ P _____ R _____ BP _____

Comment: _____

Recommendations:

- Contact the student's primary care provider (doctor) for further evaluation
- Must provide a return to school statement from the primary care provider (doctor) to the school nurse
- Watch student and contact primary care provider as needed

Disposition:

- Student returned to classroom
- Student excused from school with parent/guardian; parent notified at ____ AM or PM; left school at ____ AM or PM
- Student transported to _____ emergency room by _____

School Nurse _____ Phone _____

SIGNATURE

=====

Date seen by Primary Provider _____ Date returned to school _____

Primary Care Provider Comments: _____

Signature of Primary Care Provider _____ Phone _____