School:	Teacher/HR:	Grade: ☐ N/A	Date:

Your student was seen today in the school health office due to:

STUDENT ILLNESS / COMPLAINT				
☐ Breathing	☐ Earache	☐ Insect bite	☐ Nausea/vomiting	☐ Sore throat
☐ Cough/cold	☐ Eye irritation	☐ Menstrual cramps	☐ Pain; specify:	☐ Splinter
☐ Diarrhea	☐ Headache	☐ Mouth irritation	☐ Skin discomfort; specify:	☐ Stomach ache
☐ Dizziness	☐ Hunger	☐ Nasal congestion	☐ Other; specify:	☐ Tired
Symptoms began: Date:		Time:	Parents Aware of Symptoms: ☐Yes ☐No	

SIGNS OBSERVED AT TIME OF VISIT		
☐ Bleeding from:	☐ Fever	☐ Short of breath/wheezing
☐ Drainage from:	☐ Nose bleed	☐ Vomiting
☐ Swelling of:	☐ Runny nose	☐ No symptoms noted at time of visit
☐ Other:		

FIRST AID & FOLLOW UP CARE PROVIDED			
☐ Area rinsed/washed	☐ Bandage applied	☐ Ice applied	☐ Rested/observed
☐ Medication administered:	Type:		Time given:
Last temperature taken:	Time:	Date:	Temp:
Vital Signs:	Pulse:	Respirations:	BP:
☐ Observations / Additional Information:			

COMMUNICATION/NOTIFICATION WITH PARENTS/GUARDIANS			
Parent/Guardian Notified:	☐ Yes ☐ No	Date:	Time:
Notified via:	☐ Phone ☐ Message left ☐ Email ☐ In-Person ☐ This note sent home		
Instructions for Parents:	☐ Follow up with your health care provider		

Your student returned to class.

School Nurse:		School:	
Email:		Phone:	Fax:

Adoption date: July 8, 2014

5420-E.2

NOTIFICATION TO PARENT/GUARDIAN OF STUDENT INJURY

Name:	Gender: ☐ M ☐ F	DOB: / /	Time:
School:	Teacher/HR:	Grade: ☐N/A	Date:

Your student was seen today in the school health office.

LOCATION OF ACCIDENT				
SCHOOL	☐ Auditorium	☐ Grounds	☐ Locker room	☐ Rest room
	☐ Cafeteria	☐ Gymnasium	☐ Playground	☐ Stairs
	☐ Classroom	☐ Hallway	☐ Pool	☐ Other:
NON-SCHOOL:	☐ To and from	☐ Bicycle	☐ Traffic	☐ Bus ☐ Other:

SYMPTOMS OBSERVED			
See Page 2 for the injuries listed below:	☐ Bee sting	☐ Foreign object	☐ Rash/blister
☐ Abrasion (scratch/scrape)	☐ Bruise	☐ Insect bite	☐ Swelling
☐ Cut	☐ Bump	☐ Musculoskeletal	
☐ Puncture (skin pierced by object)	☐ Dental Injury	☐ Other	

PART OF BODY INJURED (indicate left or right under Other)							
☐ Abdomen	☐ Back	☐ Elbow	☐ Finger	☐ Head	☐ Mouth	☐ Shoulder	☐ Wrist
☐ Ankle	☐ Chest	☐ Eye	☐ Foot	☐ Knee	☐ Nose	☐ Tooth	
☐ Arm	☐ Ear	☐ Face	☐ Hand	☐ Leg	☐ Scalp	☐ Other	

DESCRIPTION OF ACCIDENT: describe how the accident occurred and the activity the person was doing

FIRST AID & FOLLOW-UP CARE PROVIDED			
☐ Area rinsed/washed	☐ Bandage applied	☐ Ice applied	☐ Rested/observed
☐ Medication administered:	Type:		Time given:
☐ Other care provided:			

COMMUNICATION/NOTIFICATION WITH PARENTS/GUARDIANS			
Parent/Guardian Notified:	☐ Yes ☐ No	Date:	Time:
Notified via:	☐ Phone ☐ Message left ☐ Email ☐ In-Person ☐ This note sent home		

Your student returned to class.

We recommend that you notify your health care provider if you have any questions or concerns.

School Nurse: _____ School: _____

Email: _____ Phone: _____ Fax: _____

5420-E.2

NOTIFICATION TO PARENT/GUARDIAN OF STUDENT INJURY

Abrasions (scratch/scrape), Cuts or Puncture Wounds (skin pierced by object)

Openings in the skin such as abrasions, cuts or puncture wounds need to be kept clean, dry, and covered until the skin is healed to keep the wound from becoming infected. Remind your child to wash their hands before or after touching the wound. The bandaid or gauze should be changed every day and more often if it becomes wet or dirty. It is normal for the wound to drain clear yellow or pink liquid in the beginning and to be

sore when touched.

When changing the bandage it is important to look at the wound **every day** for signs of infection such as:

- Increasing redness of the skin around the wound
- Swelling of the area
- Liquid coming from the wound that is making the bandage very wet, is thick, turns green, or dark yellow, and/or smells bad
- Pain at the wound or in the part of the body where the wound is located
- Skin is very warm around the wound

If you see any of the above signs, or your child has a fever, call your doctor or health care provider!

A wound infection may not always start right away, and some infections may be from germs (bacteria) that can cause very serious illness. It is **VERY** important to call your doctor or health care provider **right away** if you see any of the following in your child:

- Fever (temperature at or over 101° on the thermometer) and/or chills
- Pain, swelling, redness and warmth where the injury occurred which gets bad very quickly
- Liquid coming from the wound that is making the bandage very wet, is thick, turns green or dark yellow, and/or smells bad.
- Complains of stomach pain, decreased appetite, nausea or vomiting
- Dizziness, light headed and/or headache
- Confusion and/or weakness, or sleeping a lot
- Rash anywhere on body

Please call your primary care provider you have any questions or concerns.

Adoption date: July 8, 2014

5420-E.3

STUDENT HEALTH SERVICES EXHIBIT

Family Physician's Request for the Administration of Internal Medication

Under certain unusual circumstances when it is necessary for a student to take internal medication during school hours, the school nurse, classroom teacher, or a designated member of the school staff may cooperate with the family physician and with the parent(s) or guardian(s). If the parent(s) or guardian(s) submits a written request to the school authorities, which is accompanied by a written request from the family physician indicating the frequency and dosage of the prescribed medication, then the school nurse, classroom teacher, or a designated member

of the school staff may administer this medication.

In compliance with the above, please submit the following information:

STUDENT'S NAME _____
ADDRESS _____
_____

MEDICATION _____
DOSAGE _____
FREQUENCY _____
POSSIBLE SIDE EFFECTS _____
DOES THIS MEDICATION REQUIRE REFRIGERATION? _____

_____
(Signature of Family Physician)

_____
(Address)

_____
(Telephone Number)

Note: The school requires that the medication be brought to the school by a responsible adult.

Adoption date: April 17, 2007