



A NOTE From your School's Health Assistant: _____

Date: _____ Time: _____

_____ was seen by me in the health room.

(Student's Name)

Should you have further questions, please contact me.

STUDENT:

- ☐ OK to return to class.
- ☐ Needing to go home due to illness/injury.
- ☐ Has head lice.
- ☐ Has nits.
- ☐ Stung by bee at _____

STAFF OR TEACHER ASSISTANCE, PLEASE:

- ☐ CONTACT ME OR OFFICE STAFF IMMEDIATELY IF:
 - Student shows signs of difficulty breathing, marked swelling, unusual sleepiness, vomiting.
- ☐ Allow student to gather personal items and home work and to return to the office for checkout.
- ☐ Allow student to use ice on injured area for next _____ minutes.
- ☐ Allow student to elevate _____
- ☐ Excuse student from P.E. activity today only.
- ☐ Return student to health room at _____ am/pm.
- ☐ Before re-admitting to class:
- ☐ Check for head lice

HEALTH ASSISTANT:

- ☐ Gave needed assistance to student.
- ☐ Shared today's concerns with parent.
- ☐ Shared today's concerns with nurse.

Note Form 9/05



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