



HEALTH SERVICES
PARENT/GUARDIAN NOTIFICATION

Student Name: _____

Date: _____

Teacher Name: _____

Notification: 1st 2nd 3rd

PLEASE READ THE CHECKED ITEM(S) BELOW AND RESPOND APPROPRIATELY.

_____ While at school, your child received a minor injury to the _____. The school nurse evaluated your child and the necessary first aid was provided. The nurse was unable to contact parents/guardian(s) by phone. Please check the injured area over the next 24 hours. If the child's symptoms persist or increase, you may want to have them evaluated by a healthcare provider.

_____ Your child was referred to the school nurse for _____. Please consider having a physician evaluate your child.

_____ Your child needs supplies for his/her medical condition. Please supply the school nurse with the following items:

_____ An unauthorized medication (prescription and/or over-the-counter medication) was found with your child. Please contact the school nurse immediately to ensure your student is in compliance with CMCSS policy. If the medication is not picked up within 14 days or proper paperwork completed, the medication will be disposed.

_____ Nurse Comments: _____

School Nurse _____

White Copy – Parent / Guardian **Yellow Copy**- School Nurse