Dear Parent/Guardian:

This note is being sent home for your information. Your child, _____ was seen by the School Nurse in the Nurse's Office on _____ for the following reason (s):

☐ Stomach/Nausea/Vomiting

☐ Sore Throat

☐ Toothache/Gum Problems

☐ Temperature of _____

☐ Earache R___ L___

☐ Eye Problem R___ L___

☐ Headache

☐ Cough/ "Cold" Symptoms

☐ First Aid

☐ Sores/Rash

☐ Change of clothes

☐ Other

Comments:

_____

_____

_____

_____

_____

If his/her condition continues to be a problem, your child should be evaluated by a physician.

Thank you,

School Nurse

Physician's statement if needed:

_____

_____

_____

_____ _____

Date Signature