

Duval County Public Schools

Daily Visit Log

School Name _____

Date _____

Place a check in the appropriate boxes		Reason for Visit	Action Taken					Outcome					Time out	Notes	Initials
Student's Name	Time In		Temperature	First Aid (Ice, bandaid, etc.)	Meds given	Rested in health room	Parent contacted ? Y or N	Went Home	Sent back to class	Remained in clinic	Called 911	# of Staff advised or informed			

Staff Signature/Initials _____ Staff Signature/Initials _____ Staff Signature/Initials _____