REPORT OF MEDICAL SYMPTOMS OBSERVED AT SCHOOL

Dear Parent:

This is to bring to your attention that your child exhibited or reported the following medical symptoms in school today:

□ Please observe your child for these symptoms or any other signs of illness and if necessary, have your child seen by a health provider for diagnosis or treatment.

□ In order for your child to be readmitted to school the bottom half of this form must be completed by a physician and returned to the school

RETURN THIS SECTION TO SCHOOL

DIRECTIONS: Please complete and check only one of the items below to inform the school of the current status of your child’s condition. RETURN THIS FORM TO THE MAIN OFFICE OF YOUR CHILD’S SCHOOL.

CHILD’S NAME ___________________________ DATE __________

SCHOOL ___________________________ GRADE ________

This is to inform the principal of the findings regarding the symptoms observed at school on _________ (date).

[   ] The symptoms reported by the school are no longer observable; therefore a diagnosis and treatment are not needed.

Date ___________________ Parent or Guardian Signature

[   ] On ______________ this child’s condition was diagnosed as ________________

Date __________ Illness

This child is currently under treatment or has completed treatment for this condition. They may return to school on _________ (Date).

Any pertinent information (activity restrictions, medications to be given at school, etc.):

__________________________________________________________

Date ___________ Physician Signature