

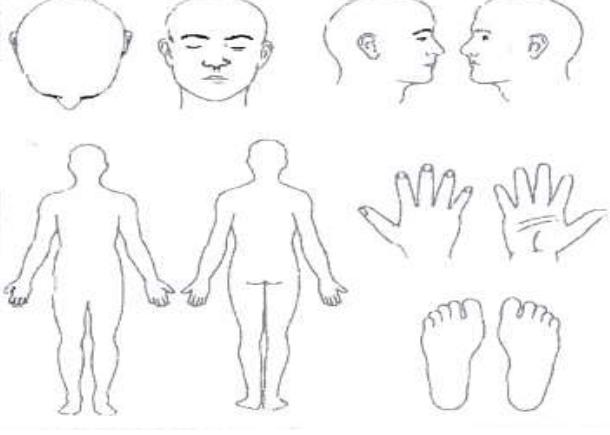


ILLNESS/INJURY REPORT

School: _____



DATE:

NAME:		GR/RM #:		Time In:	Time Out:																																																				
		DOB:	M / F	VITALS																																																					
<p>Dear Parent/Guardian: Your child reported to the Health Counselor's Office today for the following reason(s).</p>																																																									
INJURY			ILLNESS																																																						
Abrasion/scrape	Bruise/bump		Colds	Breathing difficulties																																																					
Cut laceration	Puncture		Cough	Earache																																																					
Suspected sprain/fracture	Bee Sting/Insect bite		Sore throat	Eye irritation																																																					
Nose bleed	Possible dislocation		Headache	Toothache																																																					
Other			Stomachache	Nausea																																																					
Location when injury occurred:			Vomiting	Diarrhea																																																					
Mark area(s) of injury:			Rash/hives	Dizziness																																																					
			Fever	Other																																																					
<p>Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____</p>																																																									
<p>Treatment /Care Administered</p> <table border="1"> <tr> <td>Soap/Water</td> <td>Warm Compress</td> <td>Ice Pack</td> <td>Juice/water</td> </tr> <tr> <td>Bandage</td> <td>Pressure Dressing</td> <td>Made to rest</td> <td>Referred to Admin</td> </tr> <tr> <td>Prescribed Medication</td> <td>Splint/Sling</td> <td>Repeat V/S</td> <td>Referred to Counselor</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> </table> <p>Parent/Guardian Notified: _____ Time: _____</p> <p>Instructions/Recommendations/Disposition</p> <table border="1"> <tr> <td>Recommend rest and fluids.</td> <td colspan="3"></td> </tr> <tr> <td>I recommend that you observe your child carefully and take him/her to the doctor if deemed necessary.</td> <td colspan="3"></td> </tr> <tr> <td>I recommend that you take your child and this form to the doctor or clinic as soon as possible.</td> <td colspan="3"></td> </tr> <tr> <td>Your child may return to school when fever free for 24 hours without fever reducing medications.</td> <td colspan="3"></td> </tr> <tr> <td>Must provide a written clearance from a doctor or medical provider before returning to school.</td> <td colspan="3"></td> </tr> <tr> <td>Head injury precautions: Be alert for symptoms that worsen over time. Take your child to the ER right away if you observe any loss of consciousness, convulsions, headaches, dizziness, nausea, vomiting, slurred speech, drowsiness, and/or changes in personality.</td> <td colspan="3"></td> </tr> <tr> <td>Please keep injury clean and dry and observe for signs of infection (redness, swelling, yellow discharge, increased pain and temperature)</td> <td colspan="3"></td> </tr> <tr> <td>911 called Time: _____ Time EMS arrived in school: _____</td> <td>Returned to class</td> <td colspan="2">Sent home</td> </tr> <tr> <td>Refused EMS Transport: _____</td> <td>Print Name _____</td> <td>Signature _____</td> <td>Relationship _____</td> </tr> </table> <p>Signatures</p> <p>School Admin/Designee:</p> <p>School Health Counselor:</p> <p>(I acknowledge and understand the recommendations and instructions from the SCH)</p> <p>Parent/Guardian:</p> <p>Medical Report and Diagnosis:</p> <p>Physical restrictions: Medications:</p> <p>Physician's Signature: _____ Date: _____ Clinic Name/Number/Stamp: _____</p>						Soap/Water	Warm Compress	Ice Pack	Juice/water	Bandage	Pressure Dressing	Made to rest	Referred to Admin	Prescribed Medication	Splint/Sling	Repeat V/S	Referred to Counselor	Other:				Recommend rest and fluids.				I recommend that you observe your child carefully and take him/her to the doctor if deemed necessary.				I recommend that you take your child and this form to the doctor or clinic as soon as possible.				Your child may return to school when fever free for 24 hours without fever reducing medications.				Must provide a written clearance from a doctor or medical provider before returning to school.				Head injury precautions: Be alert for symptoms that worsen over time. Take your child to the ER right away if you observe any loss of consciousness, convulsions, headaches, dizziness, nausea, vomiting, slurred speech, drowsiness, and/or changes in personality.				Please keep injury clean and dry and observe for signs of infection (redness, swelling, yellow discharge, increased pain and temperature)				911 called Time: _____ Time EMS arrived in school: _____	Returned to class	Sent home		Refused EMS Transport: _____	Print Name _____	Signature _____	Relationship _____
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