



A NOTE From your School's Health Assistant: _____

Date: _____ Time: _____

_____ was seen by me in the health room.

(Student's Name)

Should you have further questions, please contact me.

STUDENT:

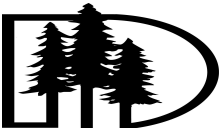
- OK to return to class.
- Needing to go home due to illness/injury.
- Has head lice.
- Has nits.
- Stung by bee at _____

STAFF OR TEACHER ASSISTANCE, PLEASE:

- CONTACT ME OR OFFICE STAFF IMMEDIATELY IF:
 - Student shows signs of difficulty breathing, marked swelling, unusual sleepiness, vomiting.
- Allow student to gather personal items and home work and to return to the office for checkout.
- Allow student to use ice on injured area for next _____ minutes.
- Allow student to elevate _____
- Excuse student from P.E. activity today only.
- Return student to health room at _____ am/pm.
- Before re-admitting to class:
- Check for head lice

HEALTH ASSISTANT:

- Gave needed assistance to student.
- Shared today's concerns with parent.
- Shared today's concerns with nurse.



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