

FERNDALE SCHOOL DISTRICT NO. 502  
Ferndale, WA 98248

**ILLNESS/INJURY LETTER**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_

Dear Parent/Guardian:

Your child became ill/injured at school today during:

\_\_\_ P.E., performing \_\_\_\_\_  
\_\_\_ Lunch      \_\_\_ Recess      \_\_\_ Other \_\_\_\_\_

**We were unable to contact you by phone. Please provide us with a daytime telephone number for you or the name and number of a friend or relative who would be willing to care for your child in the event of illness/injury during the school day.**

<u>Nature of Injury</u>	<u>Part of Body Injured</u>			
___ Abrasion	___ Abdomen	___ Eye	___ Leg	___ Ankle
___ Bruise	___ Knee	___ Face	___ Mouth	___ Arm
___ Cut	___ Finger	___ Nose	___ Back	___ Foot
___ Puncture	___ Scalp	___ Chest	___ Head	___ Tooth
	___ Ear	___ Hand	___ Wrist	___ Elbow

Other \_\_\_\_\_

Illness  
\_\_\_ Stomach Ache    x Vomiting    \_\_\_ Nausea    \_\_\_ Fever    \_\_\_ Headache  
\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

Principal