



# notes home<sup>®</sup>



## FROM YOUR SCHOOL NURSE

Date \_\_\_\_\_

Dear Parent/Guardian,

\_\_\_\_\_ was seen in the nurse's office today for:

### Illness

Headache \_\_\_\_\_  
Stomach Ache \_\_\_\_\_  
Sore Throat \_\_\_\_\_  
Earache \_\_\_\_\_

Cramps \_\_\_\_\_  
Nausea/Vomiting \_\_\_\_\_  
Diarrhea \_\_\_\_\_

Runny Nose \_\_\_\_\_  
Congestion \_\_\_\_\_  
Rash \_\_\_\_\_  
Fever \_\_\_\_\_  
Nose Bleed \_\_\_\_\_  
Other \_\_\_\_\_  
Head Injury \_\_\_\_\_

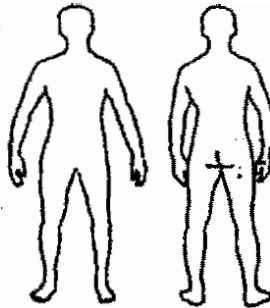
### PART OF BODY INJURED

Abdomen	Eye*	Head
Ankle*	Face	Knee*
Arm*	Finger*	Leg*
Back	Foot*	Teeth
Chest	Hand*	Wrist*
Elbow*		

### Accident

Bumped Head \_\_\_\_\_

Strain/Sprain-Finger-Hand  
Wrist-Ankle-Foot-Leg \_\_\_\_\_



MARK INJURED AREAS OF BODY

### NATURE OF ACCIDENT

Abrasion	Head Injury
Bruise/Bump	Fracture
Burn	Laceration
Cut	Puncture
Convulsion	Shock
Dislocation	Sprain

### Symptoms To Observe For Head Injury:

1. Weakness of either arm/leg
2. Vomiting
3. Increased drowsiness or hyperactivity
4. Pulse very slow or rapid/weak
5. Continued headache
6. Stiff neck
7. Blood /clear fluid from ears-nose
8. Seizures
9. A change in temperature
10. Difficulty with speech

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Nurse \_\_\_\_\_