

Report of School Health Visit

HEALTH NETWORK FOR RURAL SCHOOLS

One University Blvd.
La Grande, OR 97850

Date: _____

Time: _____

Dear Parent/Guardian:

Student: _____ DOB: _____ was seen by me at the

Cove Elgin Imbler North Powder Union

School Health Center today for:

_____ Insect Sting _____ Skin Irritation _____ Wound _____ Stuffy/Runny Nose

_____ Bloody Nose _____ Cough _____ Fever _____ Ear Pain

_____ Stomach Ache _____ Headache _____ Eye Condition _____ Nausea/Vomiting

_____ Injury: _____

_____ Other: _____

1. Treatment was given: _____

2. I was unable to contact you I was unable to reach your emergency contacts.

3. I recommend watching for further problems: _____

4. I recommend providing the following home care: _____

5. I recommend consulting with your Health Care Provider or _____

6. See Attached health information.

7. Other: _____

Should you have questions, call me at the school.

(Nurse/Nurse Practitioner/Counselor)

(Title)