

SOLVAY UNION FREE SCHOOL DISTRICT

Parent Notification of Accident/Illness

Date: _____ **Time:** AM PM

Dear Parent/Guardian of

The student was: _____ **during school session today.**

Nurse's findings and recommendations:

School Nurse _____ **Building** _____

To the Parent: Please report in the following space any information as to the Doctor's findings, recommendations, or treatment the student received.

Parent's Signature

Date To the Doctor: _____ **(please complete)**

This patient is under my care for:

Should this student participate in Physical Education Class/sports? YES NO

If NO, what are his/her limitations? _____

Duration of exclusion/limitations: _____

Physician's Signature