

School Name
Nurse's Name
Address
Phone & Fax Numbers

Student's Name: _____	Date: _____
Dear Parent or Guardian, Your child was seen today in the health office for: _____ _____	
Nurse's Observation: _____ _____	
Action taken: _____ _____	
<i>Your child was able to return to class without difficulty. Please seek medical attention if symptoms reappear, worsen, or if you have any other concerns.</i>	
Nurse's Signature: _____	

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