

**St. Mary's Catholic School**  
**Parental Notification of Child's Illness/Injury**

Date \_\_\_\_\_ Time \_\_\_\_\_

Dear Parent/Guardian,

Today, \_\_\_\_\_ was seen in our clinic. He/She had one or more of the following symptoms or conditions:

**SECTION I: ILLNESS**

\_\_\_ Cough    \_\_\_ Earache ( )left ( )right    \_\_\_ Eye irritation    \_\_\_ Headache    \_\_\_ Insect Bite(s)    \_\_\_ Nausea  
\_\_\_ Skin rash    \_\_\_ Sore throat    \_\_\_ Stomachache    \_\_\_ Toothache    \_\_\_ Temperature of \_\_\_\_\_

Other: \_\_\_\_\_

Treatment received in clinic:

\_\_\_ Band-Aid    \_\_\_ Calamine    \_\_\_ Cleaned wound    \_\_\_ Cough drop    \_\_\_ Eye Wash    \_\_\_ Ice Pack    \_\_\_ Rest

Your child's illness was not serious enough to require sending them home from school today.

**SECTION II: INJURY**

*Location of Injury:*

\_\_\_ Abdomen    \_\_\_ Ankle (Rt) (Lt) (Both)    \_\_\_ Arm (Rt) (Lt) (Both)    \_\_\_ Back    \_\_\_ Chest  
\_\_\_ Elbow (Rt) (Lt) (Both)    \_\_\_ Eye (Rt) (Lt) (Both)    \_\_\_ Face    \_\_\_ Finger (Rt) (Lt) (Both)    \_\_\_ Foot (Rt) (Lt) (Both)  
\_\_\_ Hand (Rt) (Lt) (Both)    \_\_\_ Knee (Rt) (Lt) (Both)    \_\_\_ Leg (Rt) (Lt) (Both)    \_\_\_ Teeth    \_\_\_ Wrist (Rt) (Lt) (Both)

*Type of Injury:*

\_\_\_ Bruise/Bump    \_\_\_ Cut/Laceration    \_\_\_ Eye Irritation    \_\_\_ Nosebleed    \_\_\_ Pencil poke    \_\_\_ Puncture  
\_\_\_ Scratch/Scrape    \_\_\_ Splinter    \_\_\_ Sprain/Strain

How it happened: \_\_\_ Fell down during \_\_\_ PE \_\_\_ Recess \_\_\_ In classroom \_\_\_ Other: \_\_\_\_\_

Treatment received in clinic: \_\_\_ Band-Aid    \_\_\_ Calamine    \_\_\_ Cleaned wound    \_\_\_ Eye Wash    \_\_\_ Ice Pack    \_\_\_ Rest

Your child's injury was not serious enough to require sending them home from school today.

**SECTION III: HEAD INJURY**

Today, your child received a hit/bump to their head while at: \_\_\_ PE \_\_\_ Recess \_\_\_ In classroom. How it happened: \_\_\_\_\_

Treatment received in clinic: \_\_\_ Band-Aid    \_\_\_ Cleaned wound    \_\_\_ Ice Pack    \_\_\_ Rest

Your child had no problem at the time of the injury, but please refer to the back of this sheet for more information on head injuries.

Parent Notified: \_\_\_\_\_ Time: \_\_\_\_\_ \_\_\_ Phone call \_\_\_ Voice message \_\_\_ Copy of this form

Signature of School Official: \_\_\_\_\_ Copy of this form sent home with student: \_\_\_ Yes \_\_\_ No

Dear Parent / Guardian:

Your child was seen in the school office / clinic and has no problem at the time of the injury. But please watch for the following symptoms and contact your doctor or emergency room immediately if you notice any of these signs. Observation by the parent for the next 24 – 48 hours is the usual time frame following a bump on the head. If changes in attention, behavior, and learning are observed and persist following a head injury, please consult your physician.

- A constant headache that gets worse.
- Slurred speech.
- Dizziness that does not go away or happens repeatedly.
- Extreme irritability or other abnormal behavior.
- Nausea or vomiting.
- Clumsiness or difficulty walking.
- Oozing blood or other watery fluid from the nose or ears.
- Difficulty waking up or excessive drowsiness.
- Unequal size of the pupils (the dark center part) of the eyes.
- Convulsions (seizures).
- Blurred vision or double vision.
- Stunned, dazed, confused, or acting strangely.

Sincerely,  
St. Mary's Catholic School  
Student Health Services  
903-893-2127

Estimados Padres o Guardas:

Su niño fue visto en la oficina / clínica y no tiene problema en el momento de lo accidente. Pero por favor mire para los síntomas siguientes y póngase en contacto con su doctor o cuarto de emergencia inmediatamente si se nota cualquiera de estos síntomas. La observación por el padre para las siguientes 24 – 48 horas es el marco de tiempo habitual después de un golpe en la cabeza. Si los cambios de la atención, comportamiento, y aprendizaje son observados y persisten de lo accidente, por favor consulte a su médico.

- un dolor de cabeza constante que empeora.
- discurso mal pronunciado.
- Mareo que no se marcha o pasa repetidamente.
- irritabilidad Extrema y otro comportamiento anormal.
- Náusea o vómitos.
- Torpeza o andar de dificultad.
- sangre que se Filtra o otro fluido acuoso de la nariz o oídos.
- Dificultad de se que despierta o somnolencia excesiva.
- tamaño Desigual de las pupilas (la parte de centro oscura) de los ojos.
- Convulsiones (asimientos).
- visión Velada o doble visión.
- Atontado, aturcido, aturcido, o interpretando extrañamente.

Sinceramente,  
La Escuela Católica de Santa María  
Servicios médicos del estudiante  
903-893-2127