



BEEVILLE

INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

Parent Notification-Possible Eye Infection

Date: _____

To the parent or guardian of _____

Your child was seen in the nurse's office and observed to have signs and symptoms of a possible eye infection to the
_____ right eye, _____ left eye, _____ both eyes.

Signs and symptoms noted were:

___ Complaints of Pain

___ Redness or swelling of the white of the eye
or inside the eyelids

___ Itchy, irritated, and/or
burning eyes

___ Increased sensitivity to light

___ Crusting of the eyelids or lashes

___ Increased amount of tears

___ Eye discharge which may be clear,
yellow, white or green

___ Gritty feeling in the eye

*Your child may return to school when:

1. The eyes are completely clear (no longer red) OR
2. Your doctor or clinic writes a noted stating your child is not contagious and may return to school.

Comments:

_____ Campus _____

Phone: _____

School Nurse

Physician or Clinic Note

Diagnosis _____

Findings and recommendations _____

Signature of Physician or Clinic

Phone Number

Date

Student Name: _____ Campus: _____ Room number: _____ Grade: _____