



Parent Notification- Skin Rash

Date: _____

Dear Parent/Guardian:

Your child _____ was seen in the health office today with complaints of a rash, and was sent home.

The following was noted (check all that apply):

Signs and Symptoms:		Location Noted:	
Raised bumps	Burning feeling	Arms: Right Left	Other:
Welts	Pain to rash	Legs: Right Left	
Hives	Redness	Chest	
Itching	Scabs	Face	
Blisters	Other:	Back	
Bleeding		Stomach	
Drainage		Hands: Right Left	

Your child may return to school when at least one of the following is met:

1. Doctor writes a note stating child is not contagious and may to return to school.
2. The rash is completely gone.

Comments: _____

Thank you.

Name of staff completing form Title

School Name School phone number

Physician Note/Release to Return to school:

Diagnosis: _____

Treatment: _____

Child may return to school on date: _____

Other Recommendations: _____

Physician Signature Date