



BEEVILLE

INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

Parent Notification of Nurse Visit

Date: _____

Dear Parent/ Guardian,

Your child, _____, was seen in the nurse office today for

Please continue to monitor your child for any changes or worsening of symptoms. You may want to notify your child’s physician of the above findings for any further instructions.

If your child’s condition worsens, seek emergency medical assistance or take to the nearest emergency room.

We are here to help. It is our goal to provide your child with the best possible school day. If you have any questions or concerns, please don’t hesitate to call and speak with the school nurse.

Thank you.

Additional Comments:
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School Nurse- _____ Campus

Phone Number: _____

(If checked, please sign below and return to school nurse)

Parent/Guardian Comments:

Parent Signature: _____ **Date:** _____

Student Name: _____ **DOB:** _____ **Room:** _____