



Parent Notification of Nurse Visit

Vomiting/Fever/Diarrhea

Date: _____ Campus _____

Dear Parent/ Guardian,

Your child was seen in the health office today and had one or more of the following symptoms;

- _____ fever of 100.4 or greater: Temp was _____
- _____ vomiting 2 or more times
- _____ diarrhea 3 or more times

He/she also complained of (include any other symptom or student complaint): _____

In order to reduce the spread of any communicable infection, your child rested in an area away from other students until he/she was checked out of school.

Please continue to monitor your child for any changes or worsening of symptoms.

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

It is recommended that:

- You notify your child's physician of the above findings for any further instructions.
- Your child should stay home tomorrow AND until fever, diarrhea, or vomiting does not return for 24 hours without the use of medication.
- Encourage your child to rest and drink extra water.
 - Extra water prevents dehydration, and may help reduce fever.

IF VOMITING AND DIARRHEA PERSIST FOR MORE THAN 24 HOURS OR YOUR CHILD CANNOT KEEP FLUIDS DOWN, NOTIFY YOUR CHILD'S DOCTOR IMMEDIATELY.

Thank you.

District Nurse- Christina Hernandez, RN

Additional Comments (if any):

 Name of person completing form

 Signature of person completing form

 Title

Parents are reminded that children should be kept home from school when they have fevers, vomiting, and/or diarrhea the night before or the morning of a school day. If your child has any of the above noted symptoms be sure to keep them home for 24 hours after last fever reading of 100.4 or greater without medication, and/or last episode of vomiting, or diarrhea.

Parent/Guardian Comments:

Parent Signature: _____ Date: _____

Student Name: _____ Grade: _____ Room: _____