IUSD HEALTH SERVICES

ILLNESS OR INJURY NOTIFICATION

Stu # | Student's Name | DOB | M/F | School | Grade

Date: _____ Completed by: _____

☐School Nurse ☐Health Assistant ☐Office Staff

Your child is being sent home today, because he/she exhibits the following symptoms:

☐ Fever of _____° ☐ Cough ☐ **Rash
☐ Vomiting ☐ Sore throat ☐ **Red eye(s)
☐ Diarrhea ☐ Earache ☐ *Injury: _____
☐ Headache ☐ Other: _____

Your child may return to school when:

☐ All symptoms have subsided for a full 24 hours.
☐ Your child is **fever-free** (a temperature under 100°F for 24 hours without fever-reducing medication)
☐ **Your child's physician has completed, signed, and stamped this form stating when your child is no longer contagious and/or when he/she is well enough to return to school.

Have your medical provider complete the bottom portion of this form, if applicable, and then return the entire form to the school health office. If you have any questions or need assistance in locating a health care provider, please contact the health office at 949-936- .

, RN (School Nurse) | , Irvine, CA 92 (School Address) | @iusd.org (email)

PARENT PERMISSION FOR PHYSICIAN RELEASE OF INFORMATION

As the parent or legal guardian of the above named student, my signature authorizes Irvine Unified School District and the physician(s) identified below to release and exchange medical information relative to the above named student. I certify that I am aware of my right to review any requested records and receive a copy of any materials forwarded.

Parent/Guardian signature: _____ Date: _____

PHYSICIAN'S REPORT OF EXAMINATION

Results may be faxed to the school at 949-936- .

Diagnosis: _____

Treatment Plan: _____

Student may return to school on: _____ ☐ Full time ☐ Modified day of _____ hours/day

Restrictions and duration: ☐ No ☐ Yes Describe: _____

*Instructions regarding care of student and use of any equipment at school: ☐ No ☐ Yes Describe: _____

Examiner's Name (please print) | Signature | Date

Address

Phone Number | Fax

Office Stamp

Revised 07-01-18