



Clarksville-Montgomery County School System
HEALTH SERVICES
PARENT/GUARDIAN NOTIFICATION
 (Minor Injury, Clinic Visit, Supplies, and Medications)

Student Name: _____

Date: _____

Teacher Name: _____

Notification: 1st 2nd 3rd

PLEASE READ THE CHECKED ITEM(S) BELOW AND RESPOND APPROPRIATELY.

_____ While at school, your child received a minor injury to the _____. The school nurse evaluated your child and the necessary first aid was provided. The nurse was unable to contact parents/guardian(s) by phone. Please check the injured area over the next 24 hours. If the child's symptoms persist or increase, you may want to have them evaluated by a healthcare provider.

_____ Your child was referred to the school nurse for _____. Your child has been seen in the clinic multiple times with this particular complaint. Please consider having a physician evaluate your child.

_____ Your child needs supplies for his/her medical condition. Please supply the school nurse with the following items: _____

_____ An unauthorized medication (prescription and/or over-the-counter medication) was found with your child. Our records indicate that your child does not have proper authorization for medications to be taken at school. This medication needs to be picked up by the parent/guardian as soon as possible. If your child needs medication, please contact the school nurse in order to complete the appropriate paperwork. This paperwork must be completed by you and your healthcare provider (if prescription) in order to be in compliance with CMCSS policy. If your child needs emergency rescue medications, such as an inhaler, epi-pen, glucagon, or diastat carried on his/her person, you need to make arrangements with the school nurse immediately. The alternative for your child to take medications during school hours without these arrangements would be for you to come to your child's school to administer the medication.

_____ Nurse Comments: _____

 School Nurse