

**PARENT NOTIFICATION OF VISIT TO HEALTH OFFICE**

TO: Parent of: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

FROM: Health Office Staff  yes  no Phone call attempted?  yes  no

Reason: \_\_\_\_\_

Cause: \_\_\_\_\_

Treatment: \_\_\_\_\_

Comments: \_\_\_\_\_

Please call (909) 397-\_\_\_\_\_ for any questions.

Signature \_\_\_\_\_  
School Nurse/Health Assistant/Office Staff

**AVISO A LOS PADRES SOBRE LA VISTA A LA ENFERMERIA ESCOLAR**

A Los Padres de: \_\_\_\_\_ Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_

De parte de: La enfermería escolar  sí  no Intentó llamar?  sí  no

Razón \_\_\_\_\_

Motivo: \_\_\_\_\_

Tratamiento: \_\_\_\_\_

Comentarios: \_\_\_\_\_

Favor de llamar al: (909) 397-\_\_\_\_\_ para cualquier pregunta.

Firma: \_\_\_\_\_  
Enfermera Escolar/Asistente de Salud