**School District Letterhead - Sample Illness Notification**

Dear Parent/Guardian, Date: \_\_\_/\_\_\_/\_\_\_

Your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was seen in the health office today for the following

Reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This notification is being sent home because we were unable to reach you by:
🞏 Phone call 🞏 Email 🞏 Text using a school district device

**Health Office Recommendation**:

🞏 If your child feels worse or does not get better in 1-2 days, call a healthcare provider(doctor).

Please call or email the school health office if you have any questions or concerns.

|  |  |
| --- | --- |
| **School Nurse:** | **Phone:** |
| **Email:** |

**School District Letterhead - Sample Illness Notification**

Dear Parent/Guardian, Date: \_\_\_/\_\_\_/\_\_\_

Your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was seen in the health office today for the following

Reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This notification is being sent home because we were unable to reach you by:
🞏 Phone call 🞏 Email 🞏 Text using a school district device

**Health Office Recommendation**:

🞏 If your child feels worse or does not get better in 1-2 days, call a healthcare provider(doctor).

Please call or email the school health office if you have any questions or concerns.

|  |  |
| --- | --- |
| **School Nurse:** | **Phone:** |
| **Email:** |

This sample resource is located at [www.schoolhealthny.com](http://www.schoolhealthny.com) – Samples|Forms 9/2022