

NOTIFICATION OF INJURY OR ILLNESS AT SCHOOL

Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Date: _____

Student: _____ School: _____

Dear Parent/Guardian,

This is to let you know that your child was ☐ Injured ☐ Ill at school today.

Time in Health Office: _____

Injury/Symptoms Observed:

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You were not available when we called. Please list emergency numbers we can use when you cannot be reached and return this form to the school's Health Office.

Thank you,

EMERGENCY CONTACTS

_____ Name	_____ Phone	_____ Relationship to Child
_____ Name	_____ Phone	_____ Relationship to Child

If you have any questions, please call:

School Nurse: _____ Phone: _____ Date: _____

Form Completed By: _____ Date: _____