HS0012 Rev. 3/24

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		at school today.
Time in Health Office:			
You were not available when we called. Pleareturn this form to the school's Health Office. Thank you,	_	cy numbers w	ve can use when you cannot be reached and
	EMERGENO	Y CONTACT	s
Name	Pho	ne	Relationship to Child
Name	Pho	ne	Relationship to Child
If you have any questions, please call:			
School Nurse:	Phone: _		Date:
Form Completed By:			Date: