



Lincoln Public Schools

Department of Student Services • 5901 O Street • Lincoln NE 68510 • (402) 436-1688 • (Fax) 436-1686

HS0012
Rev. 3/04

NOTIFICATION OF INJURY OR ILLNESS AT SCHOOL Health Services Department Lincoln Public Schools

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:

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		
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship to Child</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship to Child</i>

If you have any questions, please call:

School Nurse: _____ Phone: _____ Date: _____

Form Completed By: _____ Date: _____