Conferences	Number
Physician	
Health Department	
Other Agency	
Parent	
Teacher/Staff	
Home Visit	
Other	

Garrett County Public Schools
Health Services Daily Log
Confidential Information

Signature	Initials	Title

Date	Grade	Room	Initial	Time In	1st Visit	Student Name	Medication	Letter Code	Comm. Disease	Health Consultation	Nutrition	Head Check	Hearing/Vision	Guidance Referal	Follow-Up	Phone Contacts	Time	To Be Picked Up	Message Left	Note Sent Home

Illness: ☐ Sudden ☐ Chronic
- ☐ Stomach Ache
- ☐ Vomiting/Nausea
- ☐ Earache
- ☐ Sore Throat
- ☐ Cough
- ☐ Nose Bleed
- ☐ Headache
- ☐ Cramps
- ☐ Fever
- ☐ Other:

Injury: ☐ New ☐ Previous
- ☐ Laceration
- ☐ Puncture
- ☐ Abrasion
- ☐ Sprain/Fracture
- ☐ Possible Infection
- ☐ Insect Sting
- ☐ Foreign Body
- ☐ Bruise
- ☐ Faintness
- ☐ Splinter
- ☐ Blister
- ☐ Other:
- ☐ Burn
- ☐ Redness Swelling

Area of Injury:
- ☐ Eye R L
- ☐ Head
- ☐ Chest
- ☐ Shoulder R L
- ☐ Arm R L
- ☐ Groin
- ☐ Face
- ☐ Back
- ☐ Stomach
- ☐ Hand R L
- ☐ Finger ___
- ☐ Leg: R L
- ☐ Knee: R L
- ☐ Foot R L
- ☐ Ankle R L
- ☐ Hip R L

Treatment by School
- ☐ Cleaned with antiseptic
- ☐ Applied band aid or gauze pad
- ☐ Applied ice pack
- ☐ Rest
- ☐ Temp

Notes:
C / C:

Time Out: Class ______
Home ______
9-1-1 ______

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