

VACATION HEALTH & INCIDENT REPORT

PLEASE NOTE: This form must be returned with your child!



Date: _____

Student's Name: _____

___ **No problems**

___ **Illness or incident**

Description: _____

Medications:

___ None taken

___ Usual dosage/medication & times given at home: _____

___ New medications prescribed: _____

Dosage & Administration instructions: _____

Medication Blood Levels: _____ Medication _____ Level

Tube: g-tube / j-tube (circle one) _____ Size _____ Make

Hospitalizations or Consultations:

___ None

If so, name of physician or hospital: _____

Reason seen: _____

If hospitalized or seen by a physician, please return physician's written instructions with the student when s/he returns. Thank you!