CARROLL COUNTY PUBLIC SCHOOLS
HEALTH ROOM LOG
Date:_____

#	In	Out	Name	Grade	Reason	Illness - Acute	Illness - chronic	Injury - Minor	Injury - Serious	Injury–Intentional	Injury - Previous	Reproductive Health	Mental Health	Substance Abuse	Miscellaneous	Com. Disease	Medication - PRN	Peak Flow	Glucose/Ketones	Tube Feedings	Suction	Catheterization	Nebulizer	B / P Student	Neuro Checks	IV Therapy	Other	Parent Contact	Returned to Class	Sent Home	Sent to MD / ER	Sent 911
					Total																											