

CARROLL COUNTY PUBLIC SCHOOLS

(SCHOOL)

Serious Illness Report

INSTRUCTIONS: READ CAREFULLY. Fill in completely. Use this form in the event of serious illness involving students while under the jurisdiction of the school. Serious illness constitutes any illness which can not be handled in the school and in which the student must be transported to a medical facility. Example: diabetes, asthma, insect stings, etc.

1. Name _____ Parent/Guardian name _____

Home Address _____ Phone _____

2. Sex M F Time _____ DOB _____ Grade _____ Date _____ Teacher _____

DESCRIPTION OF INCIDENT: _____

ACTION TAKEN: (V/S q 15 min)

Temperature _____

<u>Time</u>	<u>BP</u>	<u>Pulse</u>	<u>Respiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Actions: _____

Name of persons notified: _____

By Whom? _____

Taken to Physician _____ Hospital _____ Time _____

Name of Physician/Hospital: _____

Means of Transportation: _____

Who accompanied student? _____

Initial treatment by: _____

Follow-up: _____

(Principal)

(School Nurse)

Copies to: **WHITE - file** **YELLOW - Health Supervisor** **PINK - parent/guardian** **GOLD - Staff Member**