

Date _____

Time _____



Your Child _____

was seen in the Medical Office for the following:

- Bug Bites Tummy Ache Bloody Nose Headache
- Scrapes on _____ Diarrhea

Temp. _____ Other _____

Treatment Provided:

- Rest Ice Apply Pressure Calamine
- Antibiotic Ointment Peroxide
- Tylenol - dose _____ time _____
- Ibuprofen - dose _____ time _____
- Other _____

Seen by (initial) _____

Date _____

Time _____



Your Child _____

was seen in the Medical Office for the following:

- Bug Bites Tummy Ache Bloody Nose Headache
- Scrapes on _____ Diarrhea

Temp. _____ Other _____

Treatment Provided:

- Rest Ice Apply Pressure Calamine
- Antibiotic Ointment Peroxide
- Tylenol - dose _____ time _____
- Ibuprofen - dose _____ time _____
- Other _____

Seen by (initial) _____

Date _____

Time _____



Your Child _____

was seen in the Medical Office for the following:

- Bug Bites Tummy Ache Bloody Nose Headache
- Scrapes on _____ Diarrhea

Temp. _____ Other _____

Treatment Provided:

- Rest Ice Apply Pressure Calamine
- Antibiotic Ointment Peroxide
- Tylenol - dose _____ time _____
- Ibuprofen - dose _____ time _____
- Other _____

Seen by (initial) _____