



To: \_\_\_\_\_

Date: \_\_\_\_\_

**SPECIAL PROBLEMS:**

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**NURSES LOG:**

<b>VISITS</b>	<b>NUMBER</b>	<b>COMMENTS</b>
Daily number of visits		
Number of student sent home		
Number of accidents		
Number of suspected contagious illnesses		
Medication problems (refills, missed meds, medication errors)		
Medication changes or new orders for PRN/daily medications		

**NEW/CHANGED MEDICATION ORDERS**

(If a new or changed medication order was received, please indicate below the name of the child and the change that occurred. Thank you.)

<b>NAME</b>	<b>MEDICATION</b>	<b>DOSAGE &amp; DIRECTIONS</b>

**TREATMENTS:**

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**Thank you for letting me substitute for you.**

\_\_\_\_\_  
Signature