School Name: _____ School Year: _____

Illness/Injury/First Aid Log

(CONFIDENTIAL)

Completed at time of the visit by the person attending to the student. Make sure to record where injury occurred.

Date	Time In	Time Out	Student Name	Illness/Injury (If injury, describe how/where occurred)	Action Taken	Parent/ Caregiver Notified (Y/N)	RTC or Picked up	Staff Initials

School Name: _____ School Year: _____

Illness/Injury/First Aid Log

(CONFIDENTIAL)

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School Name: _____ School Year: _____

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