SchoolCare Downtime Form (2025 - Modified)

👤 Student Info	🕒 Visit Details
Name:	**Date of Service:**
DOB:	**Staff Name:**
Chronic Conditions:	**Time In: ________ / Time Out: ________**
	Visit Type: ☐ Injury ☐ Illness ☐ Occurrence ☐ Medication

❓Reason for Visit (✓ all that apply)	🩺 Vital Signs
☐ Fever ☐ Vomiting ☐ Rash ☐ Headache ☐ Cough ☐ Stomachache	Temp: °F
☐ Injury (specify):	Resp Rate:
☐ Emotional Distress ☐ Hygiene Issue ☐ Change of Clothing ☐ Other	Pulse:
	O_2 Sat: %
	BP: /

💊 Treatment Provided	💉 OTC Medication Administered
☐ Rest ☐ Ice/Heat ☐ Bandaging	Name:
☐ Contacted Parent / Guardian	Dose:
☐ Other:	Time administered:
	Notes:

⏰ Scheduled Med Administered	📘 Disposition
Name:	☐ Returned to Class
Dose:	☐ Sent Home
Time Given:	☐ Hospital / ER
Notes:	☐ Other:

Additional notes: