

**Eugene Public Schools
School District 4J, Lane County
Health Services**

Date: _____

Dear _____,

Your child _____ who attends _____ School seems to have a medical problem that might concern the other persons in the school. It appears that this condition might be one that is communicable.

We would advise that you consult your family health care provider for diagnosis and treatment. The child will be readmitted to school with the statement below completed by your health care provider or the County Health Officer. Please have the health care provider complete this form. Please see the reverse side for further information.

Principal or School Nurse

Date _____

I have examined _____ and find that he/she may return to school on _____.

My diagnosis is _____.

Health Care Provider Signature

Some conditions that would warrant exclusion and referral for medical care unless signed physician's statement accompanies pupil:

Skin lesions that are "weepy" or pus filled.

Undiagnosed rash on skin or scalp.

Colored drainage from eyes, nose, ears.

School Administrator's Responsibility:

The School administrator or designated staff person shall exclude from school any student, teacher or school employee suspected of being inflicted with or exposed to a school restrictable disease.

(Oregon School Law ORS 433.260: and OAR 333.19-015)

If student has no insurance or is under-insured / co-pay is too high, please contact your School Nurse or My School's Health Center.

My School's Health Center at:

North Eugene High School: 541-790-4445

Churchill High School: 541-790-5227