



San Diego Unified School District
Early Childhood Education Programs



FIRST AID/CARE REPORT TO PARENTS

To the Parent/Guardian of: _____ Date: _____

Your child had: a physical accident not feeling well toileting accident
 medications given: Inhaler EpiPen (911 called) Diastat (911 called)

Where: _____ When: _____

Comments: _____

Your child arrived with: Injury-Cut-Bruise Other: _____

First Aid/Care was provided according to district procedures.

First Aid/Care provided by: _____ Parent/Guardian notified by: _____

Notice received by: _____ Relationship: _____
(Signature)



San Diego Unified School District
Early Childhood Education Programs



FIRST AID/CARE REPORT TO PARENTS

To the Parent/Guardian of: _____ Date: _____

Your child had: a physical accident not feeling well toileting accident
 medications given: Inhaler EpiPen (911 called) Diastat (911 called)

Where: _____ When: _____

Comments: _____

Your child arrived with: Injury-Cut-Bruise Other: _____

First Aid/Care was provided according to district procedures.

First Aid/Care provided by: _____ Parent/Guardian notified by: _____

Notice received by: _____ Relationship: _____
(Signature)