



THE CONSORTIUM ON TRAUMA,
ILLNESS, AND GRIEF IN SCHOOLS

School Reentry Form

Child's Name: _____ Age: _____

Diagnosis: _____

Date of Diagnosis: _____ Date: _____

Doctor(s): _____	Phone: _____
_____	Phone: _____
CNS/PNP: _____	Phone: _____
Educational Specialist: _____	Phone: _____
Social Worker: _____	Phone: _____

Treatment Schedule: _____

Duration of Treatment: _____

Expected Absences: _____

Side Effects of Disease or Treatment: _____

Chicken Pox Immunity: Yes _____ No _____

If no immunity, report suspected cases in classroom to parents.

Type of Venous Access: _____ Dress Change Schedule: _____

Supplies/Equipment Information: _____

Dressing Change Procedure: _____

Activities Precautions: _____

Special Equipment: _____

Medications to be given at school, including PRNs:

Drug	Dose	Route	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notify Parents of the following:

- Fever greater than 100 F (PO) or 101 F (AX)
- Bleeding that persists greater than 10 minutes
- Blood in urine or stool
- Pain with urination or bowel movements
- Headache unrelieved by Tylenol
- Change in vision, hearing, or coordination
- Rash
- Chicken Pox exposure if no immunity