DAILY HEALTH SERVICES LOG

Leon County Schools

School _____ Date _____

A	B	C	D	E		F										G	H	I	J		K	L	M
Time In	Name (Last, First)	Grade	Female/Male (F/M)	Health Problem 1	Health Problem 2	4000-Paraprof. Eval & Treatment	4050-LPN Eval & Treatment	5000-Nursing Assess./Couns.	5030-PRN Medication	5031 First Aid	5032-Complex Med. Proc.	5051-SchHlth/Parent/Staff Cons.	0571 Headlice Check	0598 Record Review	Other (Code # See Code Sheet)	Outcome/disposition	Injury Classification	Injury Location	Provider #1	Provider #2	Referred to	Time Out	Memo

Revised 07/09

Use codes on Daily Health Services Code Sheet