

JEFFERSON COUNTY PUBLIC SCHOOLS HEALTH SERVICE LOG

Student Name: _____ **DOB:** _____ **School:** _____

Date	Start Time	End Time	Progress Notes	Initials
			___Bowel or bladder care/cleaning ___Feeding via GTube ___Feeding assist ___Monitor health status ___Giving meds ___ Seizure precautions ___Transport/positioning ___Trach care/suctioning ___Diabetes monitor – BS ___ Insulin _____ ___Cath – Amount___ Color _____ _____ _____ _____	
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Name _____ **Initials** _____ **Name** _____ **Initials** _____
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For Additional Charting, turn log over and write on back. Be sure to date and initial each entry.

