

**COLUMBUS COUNTY SCHOOLS**

817 Washington St., Whiteville, NC 28472  
(910) 642-5168

**TAKE THIS FORM WITH YOU TO THE DOCTOR THEN RETURN IT TO SCHOOL**

\_\_\_\_\_ **Date**                      \_\_\_\_\_ **School**                      \_\_\_\_\_ **Grade**

Dear Parent/Guardian of \_\_\_\_\_,  
Your child was evaluated by the school nurse today. Your child may need an examination by an eye doctor \_\_\_\_, a dentist \_\_\_\_, a medical doctor \_\_\_\_.

\_\_\_\_\_ **School Nurse**

**Comments from nurse: (IF WORSENS OR NO IMPROVEMENT, GO TO DOCTOR!)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCTOR, PLEASE PROVIDE THE FOLLOWING:**

**Diagnosis:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Recommendations for school staff (ex. Limit on activity . . . )** \_\_\_\_\_

\_\_\_\_\_

**When may student return to school?** \_\_\_\_\_

\_\_\_\_\_ **Doctor/Dentist**                      \_\_\_\_\_ **Phone**                      \_\_\_\_\_ **Date**

**PLEASE RETURN TO:**

Columbus County Schools  
PO Box 729  
Whiteville, NC 28472

910-642-5168  
Fax 910-641-3403