Skin Color	Skin Quality
Blue Red Pink Gray	Hot Warm Dry Cool Cold
Other:_____	Other:_____

DAILY LOG FOR SPECIALIZED PHYSICAL HEALTH CARE PROCEDURES

Student:_____ **DOB:**_____ **Grade/Teacher:** _____

Parent/Guardian:_____ **Phone: Home:**_____ **Work:** _____

Health Care Procedure: _____

Date	Time IN	Time OUT	Procedure	Comments/Results	Parent Contact	By

Signature:_____ Print name:_____ Initial _____
Signature:_____ Print name:_____ Initial _____
Signature:_____ Print name:_____ Initial _____
Signature:_____ Print name:_____ Initial _____

DAILY LOG FOR SPECIALIZED PHYSICAL HEALTH CARE PROCEDURES

Date	Time IN	Time OUT	Procedure	Comments/Results	Parent Contact	By