Richmond County School System

Special Healthcare Procedures Record

Student: _____ Grade: _____ School: _____

Special Procedure: _____

_____

After special procedure, record time and initials in appropriate block. Codes: A=absent O=no school

	AUGUST								SEPTEMBER								OCTOBER							
		M	T	W	Th	F				M	T	W	Th	F				M	T	W	Th	F		
1st								1st								1st								
2nd								2nd								2nd								
3rd								3rd								3rd								
4th								4th								4th								
5th								5th								5th								

	NOVEMBER								DECEMBER								JANUARY							
		M	T	W	Th	F				M	T	W	Th	F				M	T	W	Th	F		
1st								1st								1st								
2nd								2nd								2nd								
3rd								3rd								3rd								
4th								4th								4th								
5th								5th								5th								

	FEBRUARY								MARCH								APRIL							
		M	T	W	Th	F				M	T	W	Th	F				M	T	W	Th	F		
1st								1st								1st								
2nd								2nd								2nd								
3rd								3rd								3rd								
4th								4th								4th								
5th								5th								5th								

	MAY								JUNE								JULY							
		M	T	W	Th	F				M	T	W	Th	F				M	T	W	Th	F		
1st								1st								1st								
2nd								2nd								2nd								
3rd								3rd								3rd								
4th								4th								4th								
5th								5th								5th								

INITIAL/ SIGNATURE:

_____/_____ _____/_____ _____/_____

_____/_____ _____/_____ _____/_____