



Date: _____

Dear Parent/Guardian of _____

Your child was seen in the school clinic today. We have changed your child's clothing for the following reasons:

___ Bathroom Accident

___ Accident at recess

___ Spilled milk or food at lunch

Other _____

Please wash the school's clothing

___ pants

___ shirt

___ underwear

that your child is wearing and return to clinic as soon as possible. We need the clothing for other children that are sent to the clinic to be changed. Please contact the school office if you have any questions at _____.

Thank you.

