

# Macon County School Health Services

1830 Lakeside Drive, Franklin, NC 28734 828-349-2081



## Tick Removal Letter

Date: \_\_\_\_\_

Student: \_\_\_\_\_

School: \_\_\_\_\_

Today a tick was removed from your child's \_\_\_\_\_  
(location of tick)

Due to the possibility of tick borne disease please record this date on your calendar at home.

You should watch your child for the next 14 days for any of the following symptoms:

- 1) Red rash on or near the site of the tick bite.
- 2) Rash that starts on the wrist, ankle, palms of hands or soles of feet.
- 3) Arthritis like symptoms or muscle aches.
- 4) Fever that lasts for longer than 48 hours.
- 5) Headache
- 6) Stiff neck
- 7) Vomiting more than twice.

If any of these symptoms occur you should contact your child's physician within 24 hours.

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School