

NURSE PASS

Student:

(First & Last Name as it is in the computer please)

Teacher:

Date:

Time: _____

Reason for Nurse Visit:

Change of Clothes	_____	Teeth	_____
Cough	_____	Ears	_____
Sore Throat	_____	Stomach Ache	_____
Ears	_____	Medication	_____
Headache	_____	Other	_____
Rash	_____		_____

Health Services Action:

Returned to Class:

YES / NO (Please Circle)

Time: _____

Temp Checked:

YES / NO (Please Circle)

Temp: _____

Parent Called:

YES / NO (Please Circle)

Student Referred To:

Nurse's Signature:

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