

**PINE TREE ISD NURSE PASS**

Student Name \_\_\_\_\_

Date \_\_\_\_\_ Time Leaving Class \_\_\_\_\_

Teacher \_\_\_\_\_

Reason:

- Headache                       Diarrhea
- Stomach ache                       Nosebleed
- Vomit/nausea                       Cut
- Cough                       Injury
- Sore throat                       Other

Notes/Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action Taken:

- Called Parent                       Temp taken: \_\_\_\_\_
- Medicine                       Ice pack
- Other \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Time Returning to Class \_\_\_\_\_

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

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