

## 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 \_\_\_\_\_

Eyes \_\_\_\_\_

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:

## PINE TREE ISD 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 \_\_\_\_\_

Eyes \_\_\_\_\_

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: