HEALTH REFERRAL TO NURSE'S OFFICE

Student Name:

Grade:

Date: Teacher:

Time sent from class:

INFORMATION FROM TEACHER: check or describe reason for referral to Nurse

☐ Cold symptoms ☐ Cough ☐ Injury (please describe below)
☐ Sore throat ☐ Rash ☐ Tooth issue
☐ Eye concern ☐ Headache ☐ Stomach issue
☐ Other:

INFORMATION FROM NURSE:

Arrival time at nurse's office: _____

☐ Temperature: _____
☐ Observations/assessments:

☐ Recommendations:

☐ Parent/guardian communication:

NURSE DISPOSITION OF CASE:

☐ Return to class at: _____
☐ Return to nurse's office at: _____
☐ Dismissed to:

Nurse completing assessment: _____

☐ Return w/ Parent Signature (the following school day)
Parent name: _____
Parent signature: _____
Date: _____

**Parents/guardians: please feel free to contact the nurse's office any time with questions at 802.563.2118*