

Pass to Nurse [Students Must have this pass to be seen by the nurse]

**\*\*unless it is an emergency\*\***

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

Teacher \_\_\_\_\_ Time left room \_\_\_\_\_

headache  vomiting  
 stomachache  diarrhea  
 toothache  open wound/sore  
 cough  injury (accident report must be attached)  
 sore throat  nose bleed  
 ear ache  other

Nurse Note (To be filled out by Nurse)

\_\_\_\_\_ Time checked in nurse office

\_\_\_\_\_ Time checked out of nurse office

Disposition:  return to class

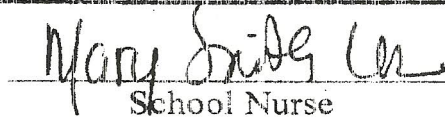
return to office with check out slip (student going home)

child is going home but is clear to stay in room until parent

Arrive for checkout

\_\_\_\_\_ please let student return to my office in \_\_\_\_\_ minutes for recheck

  
Principal

  
School Nurse

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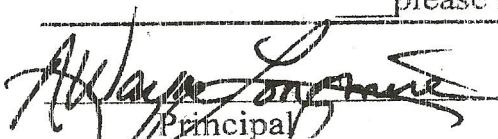
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