## **Nurse Pass**

## Nurse Pass

## HEALTH REFERRAL TO NURSE/OFFICE

## HEALTH REFERRAL TO NURSE/OFFICE **Student Name Student Name Date** Grade **Date** Grade **Teacher** Time **Teacher** Time Room Room Reason for referral to nurse/office: Reason for referral to nurse/office: **Cold Symptoms Cold Symptoms Ears Ears Sore Throat** Headache **Sore Throat** Headache Rash Rash Stomach Stomach Other **Injury** Other **Injury Eyes Eyes Nurse Assessment / Actions: Nurse Assessment / Actions: Temperature Temperature** Rest in nurse's office Rest in nurse's office Called home Called home **Sent home Sent home** Other Other **Comments: Comments:** PLEASE PROVIDE EMERGENCY CONTACT NUMBER PLEASE PROVIDE EMERGENCY CONTACT NUMBER Nurse/Office Signature Nurse/Office Signature \_\_\_\_\_