



REFERRAL TO SCHOOL NURSE

Date _____ Time _____

Student Name _____

Teacher Name _____

- Bandage
- Cold symptoms/cough
- Earache
- Eye injury/foreign object
- Headache
- Nausea/vomiting
- Nosebleed
- Pain/discomfort
- Personal reason
- Sore throat
- Stomach ache
- Injury to _____
- Rash on _____
- Toothache/loose tooth

*nurse will not pull teeth or repair braces

Reply for Teacher

Nurse's Initials _____

- Return to class at _____
- Return to clinic after getting belongings
- Remain in class until pick up



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