

NURSE REFERRAL

Student Name:		Date:	
School:		Grade Level:	Class Period:
Referring Teacher/Staff Member:		Left Class at:	Return to Class:
Nurse's Signature:			
Injury Report Filed:		Yes	No
Reason (s) for Referral	(check all that apply)	Nurse's Report/Action Taken	(check all that apply)
Breathing Difficulty		EMS	
Cold Symptoms/Cough		FIRST AID	
Cramps		ICE APPLIED	
Cut/Scrape		MEDICATION GIVEN	
Dental		REST / OBSERVED	
Ear ache		TEMPERATURE	
Eye Injury /Irritation		EXCUSED FROM P.E.	
Fever		RETURNED TO CLASS	
Head Injury		PARENTED NOTIFIED:	TIME:
Insect Bite		RELEASED TO GO HOME	
Nose Bleed		TIME TAKEN HOME	
Pain		UNABLE TO CONTACT PARENT	
Flash		REFERRED TO:	
Sore Throat			
Stomach Ache			
Vomiting			
Routine Medication /Treatment			
Other:			
Comments/Remarks _____			

