

Nurse Pass Grades K-8

HEALTH REFERRAL TO NURSE/OFFICE

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|-----------------------|--|----------------|
| STUDENT'S NAME | | DATE |
| GRADE | | TIME |
| ROOM NO. | | TEACHER |

Reason for referral to nurse/office:

- **Cold Symptoms** _____
- **Sore Throat** _____
- **Rash** _____
- **Injury** _____
- **Eyes** _____
- **Ears** _____
- **Headache** _____
- **Stomach** _____
- **Other** _____

Nurse Assessment:

1. **Temperature** _____
2. **Called Home** _____
3. **Sent Home** _____
4. **Returned to Class** _____
5. **Rest on Cot** _____
6. **Other** _____

Nurse/Office Signature _____

Notes: all students are required to have a pass/referral to see the nurse.

PLEASE PROVIDE EMERGENCY CONTACT NUMBER
