School	Student		Date
Health	Time Left Class		Time Returned to Class
Referral	Teacher Signature		Nurse/Staff Signature
Reason(s) for ReferCold SymptomsEaracheEye Injury/IrritaFeels warm to tSore throatHeadache	/Cough tion ouch	 Bloody Nose Injury Pain Rash Stomachache Other 	 Called parent Cried Other
How can Nurse/Staff help?			Teacher Explain (What have you tried?):
 First Aid Ice Pack Give Medication Other Nurse Assessment: 	ı	 Check Temperature Notify Parent Inhaler 	Water Inhaler Bathroom Break Food/Snack Other Plan of Action: Image: State S
For office use only:	□ Ot	her Staff 🗖 Re	eturn to class
White Copy: Parent Yellow Copy: Teacher Pink Copy: Nurse			
	Student		Date
Nurse	Time Left Class		
Referral			Time Returned to Class
	Teacher Signature		Time Returned to Class Nurse/Staff Signature
Reason(s) for Refer Cold Symptoms Earache Eye Injury/Irrita Feels warm to t Sore throat Headache How can Nurse/State First Aid Ice Pack Give Medication Other Nurse Assessment:	ral: /Cough tion ouch ff help?	 Bloody Nose Injury Pain Rash Stomachache Other Other Check Temperature Notify Parent Inhaler 	Nurse/Staff Signature Student Behaviors: Complained more than once Put head down on desk/rested Called parent Cried Other Teacher Explain (What have you tried?):
Reason(s) for Refer Cold Symptoms Earache Eye Injury/Irrita Feels warm to t Sore throat Headache How can Nurse/State First Aid Ice Pack Give Medication Other	ral: /Cough tion ouch ff help?	 Injury Pain Rash Stomachache Other Other Check Temperature Notify Parent Inhaler 	Nurse/Staff Signature Student Behaviors: Complained more than once Put head down on desk/rested Called parent Cried Other Teacher Explain (What have you tried?): Water Bathroom Bathroom Food/Snack Other