School Health Referral

Student	Date
Time Left Class	Time Returned to Class
Teacher Signature	Nurse/Staff Signature

Reason(s) for Referral:

- ❑ Cold Symptoms/Cough
- ❑ Earache
- ❑ Eye Injury/Irritation
- ❑ Feels warm to touch
- ❑ Sore throat
- ❑ Headache
- ❑ Bloody Nose
- ❑ Injury _____
- ❑ Pain _____
- ❑ Rash
- ❑ Stomachache
- ❑ Other_____

Student Behaviors:

- ❑ Complained more than once
- ❑ Put head down on desk/rested
- ❑ Called parent
- ❑ Cried
- ❑ Other_____

How can Nurse/Staff help?

- ❑ First Aid
- ❑ Ice Pack
- ❑ Give Medication
- ❑ Other _____
- ❑ Check Temperature _____
- ❑ Notify Parent
- ❑ Inhaler

Teacher Explain (What have you tried?):

- ❑ Water
- ❑ Bathroom
- ❑ Food/Snack
- ❑ Other_____
- ❑ Inhaler
- ❑ Break

Nurse Assessment:

Plan of Action:

For office use only:

❑ *Nurse _____* ❑ *Other Staff _____* ❑ *Return to class* ❑ *Sent Home*

White Copy: Parent Yellow Copy: Teacher Pink Copy: Nurse

Nurse Referral

Student	Date
Time Left Class	Time Returned to Class
Teacher Signature	Nurse/Staff Signature

Reason(s) for Referral:

- ❑ Cold Symptoms/Cough
- ❑ Earache
- ❑ Eye Injury/Irritation
- ❑ Feels warm to touch
- ❑ Sore throat
- ❑ Headache
- ❑ Bloody Nose
- ❑ Injury _____
- ❑ Pain _____
- ❑ Rash
- ❑ Stomachache
- ❑ Other_____

Student Behaviors:

- ❑ Complained more than once
- ❑ Put head down on desk/rested
- ❑ Called parent
- ❑ Cried
- ❑ Other_____

How can Nurse/Staff help?

- ❑ First Aid
- ❑ Ice Pack
- ❑ Give Medication
- ❑ Other _____
- ❑ Check Temperature _____
- ❑ Notify Parent
- ❑ Inhaler

Teacher Explain (What have you tried?):

- ❑ Water
- ❑ Bathroom
- ❑ Food/Snack
- ❑ Other_____
- ❑ Inhaler
- ❑ Break

Nurse Assessment:

Plan of Action:

For office use only:

❑ *Nurse _____* ❑ *Other Staff _____* ❑ *Return to class* ❑ *Sent Home*

White Copy: Parent Yellow Copy: Teacher Pink Copy: Nurse