

Wapello Community Schools: Health Referral

Student: _____ Grade _____ Time _____ Date _____

Reason for referral:

_____ Sore throat	_____ Rash	_____ Temperature
_____ Headache	_____ Cough	_____ Ear/Teeth
_____ Stomach	_____ Head Check	_____ Injury
_____ Bloody Nose		

Nurse Action:

_____ Cleansed	_____ First aid cream	_____ Bandaid	_____ Ice Pack
_____ Rested	_____ Returned to Class	_____ Sent Home	
_____ Parent Notified	_____ Medication	_____ Ibuprofen	_____ Tylenol

Comments: _____

_____ Nurse/Office _____

Wapello School Nurse: Ann Moore, R.N. B.S.N. 319-523-5511

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