# CENTERVILLE NURSE'S OFFICE VISIT

| STUDENT'S NAME | GRADE | DATE |
|---|---|---|
| NATURE OF VISIT ☐ INJURY ☐ ILLNESS ☐ OTHER | TIME IN | TIME OUT |
| NURSE'S SIGNATURE | | |

**REASON FOR VISIT:**

| | | | | |
|---|---|---|---|---|
| ☐ ALLERGY | ☐ CRAMPS | ☐ FEVER | ☐ NOSEBLEED | ☐ SPLINTER |
| ☐ ASTHMA | ☐ CUT/SCRAPE | ☐ HEADACHE | ☐ POSS. FRACTURE | ☐ STOMACH ACHE |
| ☐ BRUISE | ☐ DENTAL | ☐ HEAD INJURY | ☐ RASH | |
| ☐ BURN | ☐ EARACHE | ☐ INSECT BITE | ☐ ROUTINE MEDICATION/TREATMENT | |
| ☐ COLD/COUGH | ☐ EYE ( L , R ) | ☐ NAUSEA/VOMITING | ☐ SORE THROAT | |

☐ OTHER: _____

**VITAL SIGNS:**

Temp _____
BP _____
P _____
R _____
Other _____

OBSERVATIONS/ADDITIONAL INFORMATION: _____

INSTRUCTION: _____

**TREATMENT/DISPOSITION:**

| | |
|---|---|
| ☐ EMS | ☐ RETURN TO CLASS |
| ☐ CLEANSED WOUND | ☐ EXCUSED FROM P.E. |
| ☐ APPLIED BANDAGE | ☐ TO GO HOME |
| ☐ ICE APPLIED/COLD COMPRESS | ☐ TIME PARENT NOTIFIED: _____ |
| ☐ MEDICATION GIVEN | ☐ UNABLE TO CONTACT PARENT |
| ☐ WARM COMPRESS | ☐ TIME TAKEN HOME: _____ |
| ☐ RESTED IN OFFICE | ☐ REFERRAL TO: _____ |
| ☐ _____ | |

REMARKS: _____

WHITE - PARENTS' COPY CANARY - OFFICE COPY


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