

Initials _____

NURSE PASS

Name			
Date	Time in	Time out	Temp
	Reason for visit	Treatment	
	□ upset stomach □ sore throat/cough	□ rest □ ice pack	☐ Sent home
	☐ abrasion ☐ bug bite/sting	□ band aid □ clothing □ snack □ medication	☐ Contact parent
	□ nosebleed □ ear □ headache □ tooth □ nausea □ rash		☐ Return to class
Notes			
nitials _			
		IURSE I	
Name		Teacher	
Name		Teacher	
Name	Time in Reason for visit upset stomach	TeacherTime out Treatment rest	
Name	Time in Reason for visit upset stomach sore throat/cough abrasion	Teacher Time out Treatment rest lice pack band aid	Temp
Name	Time in Reason for visit upset stomach sore throat/cough	TeacherTime out Treatment rest lice pack	Temp
Name	Time in Reason for visit upset stomach sore throat/cough abrasion bug bite/sting nosebleed ear headache tooth nausea	Teacher Time out Treatment rest ce pack band aid clothing snack medication	Temp □ Sent home □ Contact parent