



# NURSE PASS

Name \_\_\_\_\_ Teacher \_\_\_\_\_

Date \_\_\_\_\_ Time in \_\_\_\_\_ Time out \_\_\_\_\_ Temp \_\_\_\_\_

### Reason for visit

- upset stomach
- sore throat/cough
- abrasion
- bug bite/sting
- nosebleed
- ear
- headache
- tooth
- nausea
- rash

### Treatment

- rest
- ice pack
- band aid
- clothing
- snack
- medication
- Sent home
- Contact parent
- Return to class

Notes \_\_\_\_\_

Initials \_\_\_\_\_



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