

Health Referral to Nurse’s Office

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rm #:\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Referral:**  **Signs noted:**

\_\_\_\_\_\_\_Check temperature. R/O fever \_\_\_\_\_\_\_\_\_ Crying

\_\_\_\_\_\_\_Headache \_\_\_\_\_\_\_\_ No appetite

\_\_\_\_\_\_\_Stomach pains \_\_\_\_\_\_\_\_ Head down

\_\_\_\_\_\_\_Nausea/Vomiting (Circle) \_\_\_\_\_\_\_\_Appears pale

\_\_\_\_\_\_\_Earache \_\_\_\_\_\_\_\_Flushed cheeks

\_\_\_\_\_\_\_Pain to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Quiet than usual

\_\_\_\_\_\_\_Nosebleed \_\_\_\_\_\_\_\_Grimacing

\_\_\_\_\_\_\_Cough/Congestion \_\_\_\_\_\_\_\_Guarding body

\_\_\_\_\_\_\_Allergies-hives/rash \_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Sore throat

\_\_\_\_\_\_\_Injury (falls, cuts, scrape)

\_\_\_\_\_\_\_Injured by another student (bitten, hit, pushed)

\_\_\_\_\_\_\_Eye (Redness, discomfort, discharge)

\_\_\_\_\_\_\_Clothing (wet, spilled food, or soiled with urine/bowel)

\_\_\_\_\_\_\_Hair Check

\_\_\_\_\_\_\_Personal

\_\_\_\_\_\_\_Dizzy

\_\_\_\_\_\_\_Short of breath

\_\_\_\_\_\_\_Medication (inhaler, PRN med)

\_\_\_\_\_\_\_Check Vital Signs

\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substitute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Nurse’s Response**: **Temperature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Treatment given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; return back to class

\_\_\_\_\_\_\_Send child back to the nurse if continues to complain/worsens

\_\_\_\_\_\_\_Resend child back at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Referral/Note sent home with child

\_\_\_\_\_\_\_Sent home by nurse

\_\_\_\_\_\_\_Home per parent request

\_\_\_\_\_\_\_Student may not return to classroom until cleared by nurse

\_\_\_\_\_\_\_Teacher please conference with nurse today

\_\_\_\_\_\_\_Contacted parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Teacher to contact parent

\_\_\_\_\_\_\_Parent requesting to be called by teacher

\_\_\_\_\_\_\_Inform administration

Nurse Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Left Nurse’s office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_