



School Nurse Pass

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please circle:

ear ache      stomach ache      sore throat  
headache      bleeding      change of clothes  
hurt body part: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Officer Use:

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Action Taken: \_\_\_\_\_



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