



Health Room Referral Form

Time Sent _____

Student _____

Time Out _____

Teacher _____

Complaint: Headache _____
Stomach ache _____
Earache _____
Rash/itch _____
Vomited _____ Observed? _____
Lost tooth _____

Injury _____
Nosebleed _____
Sore throat _____
Feels warm/hot/cold _____
Nausea _____
Other _____



Nurse's Action: Cleansed, Antibiotic oint., Bandaid _____
Icepack _____
Ginger ale _____
Rest _____
Salt water gargle _____
Cough Drop _____

Temperature taken _____
Warm/cold compresses _____
Back to Class _____
Called Parent _____
Going home _____
Other _____



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