

**Shonto Preparatory School  
STUDENT NURSE PASS**

**Student Name:**

**Grade:**

**Date:**

**Day ( ) or Dorm ( )**  **Time Arrv:**   
**Time Left:**

**Teacher/SPS Staff Signature:**

**Please check one or more:**

Allergy	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Bruise	<input type="checkbox"/>
Burn	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>
Cold/Cough	<input type="checkbox"/>
Cold Sore	<input type="checkbox"/>

Dental/Toothache	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Earache	<input type="checkbox"/>
Eye	<input type="checkbox"/>
Fever	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>
Headache	<input type="checkbox"/>

Headlice	<input type="checkbox"/>
Human Bite	<input type="checkbox"/>
Insect Bite	<input type="checkbox"/>
Nausea/Vomiting	<input type="checkbox"/>
Nosebleed	<input type="checkbox"/>
Oral Sore	<input type="checkbox"/>
Rash/Sore(s)	<input type="checkbox"/>

Running Nose	<input type="checkbox"/>
Splinter	<input type="checkbox"/>
Stomach ache/pain	<input type="checkbox"/>
Routine Medication	<input type="checkbox"/>
Wart(s)	<input type="checkbox"/>
Other:	<input type="text"/>

<b>Treatment/Disposition:</b>	
Excused from P.E.	<input type="checkbox"/>
Parent Notice Sent	<input type="checkbox"/>
Parent Notified	<input type="checkbox"/>
Return to Class	<input type="checkbox"/>
To Go Home	<input type="checkbox"/>

**REMARKS:**

**Body Temp:**

Nurse Int'l. \_\_\_\_\_

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