School Nurse Encounter

Student:	Parent/Guardian:
Date of Birth:	Home Phone:
School:	Work:
Grade: Teacher:	Cell:

Date & Time	Encounter	Assessment/Plan/Implementation/Disposition
	☐ Screening: Vision /Dental/ Health/Lice/BP ☐ Illness/Injury @ School _____ ☐ Illness/Injury @ Home _____ ☐ Case Management ☐ other _____ _____ Vital Signs ☐ N/A Temp Resp. Pulse B.P.	☐ EAP/IHP Sent home _____ ☐ EAP/IHP received _____ ☐ Copies to staff _____ ☐ Telephone call/Conference _____ ☐ Home Visit _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Disposition: ☐ Back to class ☐ Home *Signature:* _____
	☐ Screening: Vision /Dental/ Health/Lice/BP ☐ Illness/Injury @ School _____ ☐ Illness/Injury @ Home _____ ☐ Case Management ☐ other _____ _____ Vital Signs ☐ N/A Temp Resp. Pulse B.P.	☐ EAP/IHP Sent home _____ ☐ EAP/IHP received _____ ☐ Copies to staff _____ ☐ Telephone call/Conference _____ ☐ Home Visit _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Disposition: ☐ Back to class ☐ Home *Signature:* _____