



**KING'S PREPARATORY ACADEMY † SCHOOL NURSE FORM**

**TEACHERS**

**PLEASE SUBMIT NURSE FORM BEFORE SENDING STUDENT TO NURSE UNLESS AN EMERGENCY EXISTS, OTHERWISE PRESS EMERGENCY CALL BUTTON FIRST.**

**Student Name**

**Student KPID**

**Parent's Name**

**Parent's Phone**

**Parent Contacted**       YES    NO

**Left Message**    YES    NO

**Please check all of the following pertaining student condition. If student has a loss of breath, consciousness, or is bleeding profusely PLEASE PRESS EMERGENCY CALL BUTTON IMMEDIATELY. An incident report must be completed for all emergencies.**

- Allergic reaction
- Broken bone possibility
- Contagion / Pox
- Cut (Large or deep)
- Emotionally unstable
- Eye irritation
- Fall w/Head contact
- Feeling Faint / Weary
- Fever
- Headache  
(lasting more than 30 mins.)
- Lice possible
- Menstrual
- Needs wound cleaned
- Ringworm / Uncleanliness
- Toothache
- Sprain or twisted ankle
- Splinter
- Stomach Ache
- Swelling (Need Ice)
- Other: \_\_\_\_\_

**ACTION TAKEN (CLINIC USE ONLY)**

- Rested/Sat in Clinic less than 20 Minutes
- Rested/Sat in Clinic more than 20 Minutes
- Temperature taken  
\_\_\_\_\_F
- Ice pack applied to affected areas
- Affected area cleaned
- Band Aid applied to affected area
- Head checked for : \_\_\_\_\_
- Parent Guardian follow up

**911 Called**

**Nurse's Initial** \_\_\_\_\_

**Time student returns to class** \_\_\_\_\_