

**Brownsville Independent School District
Health Services
STUDENT REFERRAL TO NURSE**

Student _____ Grade/Room ____/____
Teacher _____ Date/Time ____/____

CHIEF COMPLAINT: _____

Nurse Assessment: Time Arrived: _____
TPR: _____ BP: WNL ABN
__Rest __Iced __Wound Care __Counseling

Intervention: _____

Disposition: RTC/Office/Home Time: _____
Notified: Parent/Guardian Time: _____

Nurse/Nurse Aide Signature: _____

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