

## School Nurse Incident Report

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Time: \_\_\_\_\_

Description of the Incident: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Further Recommended Care: \_\_\_\_\_

Notes to Parent: \_\_\_\_\_

If you have any questions about this event, please call the nurse's office at (000) 000-0000.

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