

**Plaquemines Parish School Board
SCHOOL NURSE DEPARTMENT**

TEACHER REFERRAL TO SCHOOL NURSE

_____, Grade _____ is being referred for the
(Student's Name)

following reason:

- | | |
|--------------------------------------|-----------------------------------|
| _____ Rash/ Sores | _____ Personal Hygiene Counseling |
| _____ Ringworm | _____ Student request |
| _____ Pediculosis (head lice) | _____ Illness |
| _____ Suspected Communicable Disease | _____ Inadequate Immunization |
| _____ Suspected Visual Problem | _____ Suspected Hearing Problem |

Other: _____

Date: _____ Teacher: _____

NURSE'S REPLY

Date: _____

Thank you,

School Nurse

