

# PERMIT TO SEE THE NURSE



NAME: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

HOMEROOM TEACHER: \_\_\_\_\_

PERSON SENDING STUDENT: \_\_\_\_\_

REASON: Coughing                      Itching/Rash                      Stomachache

Dizzy                                      Nauseated                      Threw up

Nose Bleed                              Toothache                      Earache

Problem with eyes                      Fever?                      Injury

Wheezing                              Headache                      Sore Throat

Other \_\_\_\_\_

Comments: \_\_\_\_\_

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