

**Medical Services
School Nursing Report 2005-2006**

Month of _____

School Name	Students Received Meds	Sick Student Visits	Sick Students Sent Home	Incident Reports	HotLine Reports	911 Emergency Transports	Health Education Sessions

Year to Date

School Name	Students Received Meds	Sick Student Visits	Sick Students Sent Home	Incident Reports	Hotline Reports	911 Emergency Transports	Health Education Sessions

School Name: _____

Submitted By: _____

Date: _____

Please fax to Ext.8646, Monthly Reports are due by the fifth day of every month