Healthy Children Learn Better	Nurse's Daily Summary of Health Services Encounters (Pilot Document 12/12/07)
Date:	School:

Total Student Encounters	Total Staff Encounters
☐☐☐☐☐ TOTAL:	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:

General Description of Health Services Related To Student Encounters:

Medication	Illness Treatment	Injury Treatment
☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:
Special Procedures (By nurse or UAP trained by nurse)	**Student Health Counseling**	**Parent/Teacher Communication**
_____ ☐☐☐☐☐ ☐☐☐☐☐ _____ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ _____ ☐☐☐☐☐ TOTAL:	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:

Outcome of Student Encounters Related to Illness or Injury:

Returned To Class	Sent Home
☐☐☐☐☐ TOTAL:	☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐ TOTAL:

Approximate amount of time spent documenting or billing for services today = _____ hours _____ minutes

Nurse's Signature: _____ Page _____ of _____