



LA JOYA I.S.D.  
NURSE OBSERVATION FORM

**For Nurse's Use Only  
Do Not Copy**

School: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

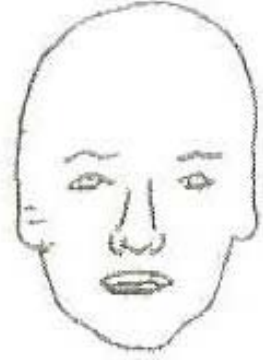
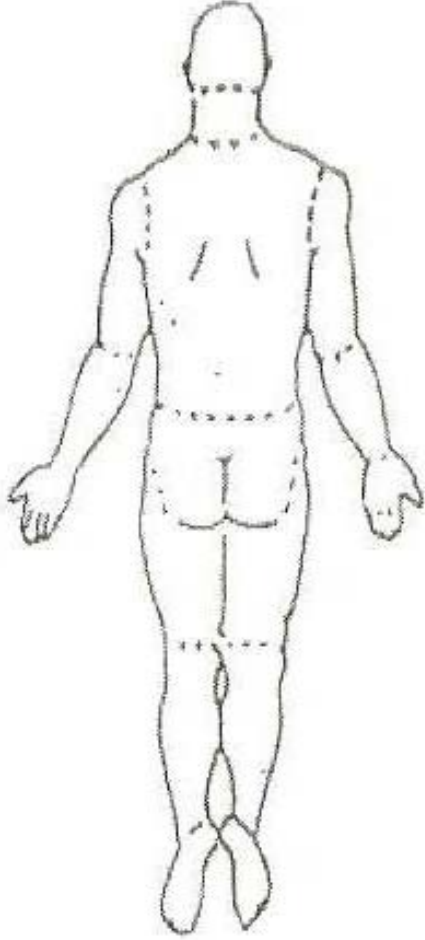
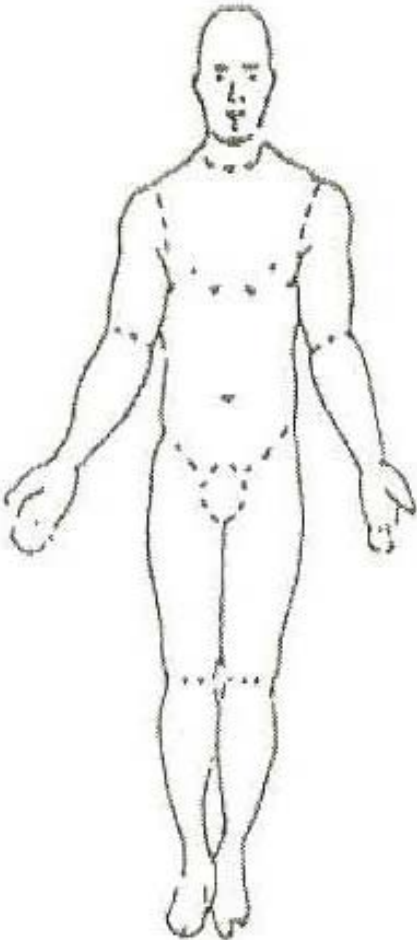
Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_

I.D.#: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Student's Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Shade area of pain or injury:**



Observation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Notified: Yes ( ) No ( )

Times of all notifications: \_\_\_\_\_

Administration Notified: Yes ( ) No ( ) Time: \_\_\_\_\_ Name: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_  
Nurse's Signature: \_\_\_\_\_

**\*\*\*Next day follow-up Phone call:** Yes ( ) No ( ) Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

\_\_\_\_\_  
Nurse's Signature \_\_\_\_\_

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