



\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Number

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Assistant Principal

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Health Assistant

1. Location of locked medication and medication logs.
  
2. Name of person to ask for the key to the locked medication cabinet:
  
3. Special medication instructions:
  
4. Special health care procedures:
  
5. Location of supplies and first aid emergency procedures:
  
6. Location of alphabetical rolls, plan book, and emergency cards:
  
7. Procedure for admittance to nurse's office and to return students to class:



8. Procedure for dismissing students:  
(Include where dismissals are kept, who signs, does parent have to come to sign student out, where does parent sign out)
  
9. Nurse's usual lunch time:
  
10. Location of lunchroom and teacher's lounge:
  
11. Time of departure to afternoon school:
  
12. Location of nearest immunization clinic: