ANNUAL NONPUBLIC SCHOOL NURSING REPORT FORM
DESCRIPTION OF THE TYPE AND NUMBER OF SERVICES PROVIDED
DURING THE PREVIOUS SCHOOL YEAR

Instructions: The nonpublic school must fill out this form and provide to the district at the start of the school year. For the purposes of monitoring and recordkeeping, the district board of education providing health services to nonpublic schools shall annually submit this form to the executive county superintendent on or before October 1 and shall provide a copy to the chief school administrator of the nonpublic schools within school district boundaries.

For Services Provided During (indicate the previous school year): ______________
Nonpublic School Name: ___________________________________________________
Prepared by: ___________________________________________________________________

A. Basic Nursing Services: Number of Students Served

1. Assisted with Medical Examinations Including Dental Screenings: Number of Students Served_____
2. Audiometric Screening: Number of Students Served_____
3. Maintenance of Student Health Records/Immunization Record Review: Number of Students Served_____
4. Scoliosis Examinations: Number of Students Served_____
5. Emergency Care: Number of Students Served_____

B. Additional Medical Services (Please provide a brief description. You may attach an additional sheet, if necessary.)
_________________________________________________________________________  Number of Students Served_____
_________________________________________________________________________  Number of Students Served_____

C. Nonconsumable equipment purchases greater than $500 (e.g. typanometer, gurney). Please provide a brief description.
_________________________________________________________________________

D. The above is an accurate representation of services delivered during the previous school year.

Name and signature of nonpublic school nurse: ____________________________
Name and signature of nonpublic school administrator: ____________________________
Date ______/_____/_____

E. Annual Conference: The required annual conference to plan for services for the current school year was held between the local school district and the nonpublic school on: __/__/__.

Signature of nonpublic school administrator ____________________________ Date: _____/_____/_____
Signature of Chief School Administrator ____________________________ Date: _____/_____/_____

Updated on 8/30/17