

# Santa Monica-Mailbu Unified School District

1651 Sixteenth Street, Santa Monica, California 90404-3891 (310) 450-8338  
Department of Pupil- Administrative Services  
Division of Health Services

## Medical Care Referral

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

is referred for \_\_\_\_\_

\_\_\_\_\_  
Last DT date on record

\_\_\_\_\_  
Nurse or Principal

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### Please Return to School Nurse

TO: SCHOOL NURSE/PRINCIPAL

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

was seen for \_\_\_\_\_

\_\_\_\_\_  
Condition/Diagnosis

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The Student may return to school on \_\_\_\_\_  
Date

PHYSICAL ACTIVITY RESTRICTED FOR \_\_\_\_\_ WEEKS, \_\_\_\_\_ DAYS.

PHYSICAL ACTIVITY NOT RESTRICTED \_\_\_\_\_.

CRUTCHES \_\_\_\_\_.

TETANUS \_\_\_\_\_.

MEDICINE (RX\*) \_\_\_\_\_.

If medicine is to be given at school, please complete Request for Medication To Be Taken During School Hours form.

\_\_\_\_\_  
Print Name of Physician

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Phone

SM-MUSD  
HD - 5  
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