

## CLINIC WRAP UP FORM

NURSE \_\_\_\_\_

SCHOOL \_\_\_\_\_

YEAR \_\_\_\_\_

Turn in Items listed below to Nurse Supervisor during Post Planning

\_\_\_ pulse ox

\_\_\_ Jet Nebulizer

\_\_\_ Stock Albuterol

\_\_\_ Audiometer

\_\_\_ Used Sharp Containers

\_\_\_ All medications not picked up

\_\_\_ Epi Pens

\_\_\_ Narcan

\_\_\_ All Screenings Completed

\_\_\_ May AED Check off

\_\_\_ Laptop

Place these items in school vault (keep these items for 10 years)

\_\_\_ Medication Administration Forms

\_\_\_ Log Books (Ledger)

\_\_\_ Accident Reports

\_\_\_ Medical Reports/Documents

\_\_\_ Nurse Referrals

\_\_\_ Fax Reports/Communications

**Secure These Items**

\_\_\_ Wheelchair placed in locked area

\_\_\_ Nebulizer placed in locked area

\_\_\_ Pulse oximeter placed in locked area

**NURSE SIGNATURE** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE** \_\_\_\_\_