

The School Board of St. Lucie County
9461 Brandywine Lane, Port St. Lucie, FL 34986
Nursing Services Documentation
Provider # 1912072117

Student Name _____
D.O.B. _____
Medicaid # _____
Diagnosis Code(s) _____

Student ID # _____
Place of Service: School # _____ **Bus** _____
Provider's Name _____
Please Print

Date	RN T1002	LPN T1003	SHA T1004	Total Minutes	DESCRIPTION of SERVICE	REACTION to SERVICE (Unless Referral or Consultation)
						<input type="checkbox"/> Normal Reaction <input type="checkbox"/> Adverse Reaction Explain: _____ Signature _____ Credentials _____ Date _____
						<input type="checkbox"/> Normal Reaction <input type="checkbox"/> Adverse Reaction Explain: _____ Signature _____ Credentials _____ Date _____
						<input type="checkbox"/> Normal Reaction <input type="checkbox"/> Adverse Reaction Explain: _____ Signature _____ Credentials _____ Date _____
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						<input type="checkbox"/> Normal Reaction <input type="checkbox"/> Adverse Reaction Explain: _____ Signature _____ Credentials _____ Date _____
						<input type="checkbox"/> Normal Reaction <input type="checkbox"/> Adverse Reaction Explain: _____ Signature _____ Credentials _____ Date _____

TOTAL MINUTES PER DAY

Date _____ Minutes _____
Date _____ Minutes _____

Date _____ Minutes _____
Date _____ Minutes _____

Date _____ Minutes _____
Date _____ Minutes _____

Date _____ Minutes _____
Date _____ Minutes _____