

## Substitute Nurse Report Form



Please complete this form and give it to the secretary before you leave. Thank you.

Substitute's Name \_\_\_\_\_ Date \_\_\_\_\_

Substituted for \_\_\_\_\_ School \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_ Position \_\_\_\_\_

	Yes	No
Substitute Notebook was provided.	_____	_____
It Included:		
a. Daily Bell Schedule	_____	_____
b. Daily Lunch Schedule	_____	_____
c. List of Principal, Secretary, and Front Office Extensions	_____	_____
d. Location of Daily and PRN Medications and Medication Records	_____	_____
e. Location of IHP/504 Plans, Inhalers, Nebulizer, and Emergency Medications	_____	_____
f. Emergency Procedures	_____	_____
g. Medical Concerns List	_____	_____
h. List of Nurse Substitute Duties for Clinic	_____	_____
i. Building Map	_____	_____
I was greeted and oriented to the building in a friendly manner.	_____	_____
Other staff were willing to answer questions that arose during the day.	_____	_____
A building administrator visited me during the day.	_____	_____
I want to return to this school to substitute.	_____	_____
Anything you needed, but didn't have available:	_____	
	_____	
	_____	

Any other comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Substitute \_\_\_\_\_ Date \_\_\_\_\_