

Substitute Nursing Information



Department of
Health

Name, Contact, and School Location Information:

Building Nurse:	Phone #:
Secretary(s):	Phone #:
Counselor(s):	Phone #:
Social Worker:	Phone #:
Resource Officer:	Phone #:
Administrator(s):	Phone #:
Local Health Department:	Phone #:

Expectations:

*Clinic Key Location:

Directions for Medication Administration/Location (Daily and PRN):

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Stock Medication/Location and Names of Designated and Trained School Staff:

First Aid Supplies / AED Location and Names of Designated and Trained School Staff:

Student Medical Alerts:

Location of Student Records:

Directions for Documentation:

Instructions for Parent/Guardian Phone Numbers:

Location of the Emergency Medical Authorizations (EMA):

Additional Information:

Ohio Department of Health Communicable Disease Chart Location:

Recommended Attachments:

- | | | |
|--|---|---|
| <input type="checkbox"/> School Schedule / Map | <input type="checkbox"/> Individualized Health Care Plans (IHP) | <input type="checkbox"/> Substitute Nurse Job Description |
| <input type="checkbox"/> Clinic Documentation Form | <input type="checkbox"/> Emergency Action Plans (EAP) | <input type="checkbox"/> Nurse Role in Emergencies and/or Drill |

☐ Others as attached: _____

For emergencies, please call 9-1-1.

[Ohio Department of Health School Nursing Program Website](#)

More information can be found in the **[EMERGENCY GUIDELINES FOR SCHOOLS](#)**.