



WASHOE COUNTY SCHOOL DISTRICT
Student Health Services
Emergency Disposition Log

SCHOOL: _____

DATE: _____

Student/Staff Name	Phone Number	Chief Complaint	EMS Assessed	Transported To	Parent Contacted	Pickup Signature
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	
			Y / N	SMRMC RENOWN NNMC Other:	Y / N	

Key: SMRMC – St. Mary’s
 NNMC – Northern Nevada Medical Center