



SCHOOL NURSE AWARD

Date: _____ Ohio PTA District# _____

Local PTA/PTSA Unit Name _____

PTA/PTSA President Name _____

Home Address _____

City _____ Zip _____

Home telephone (____) _____ E-mail: _____

School Nurse Name _____

Student Name _____ Age _____ Grade _____

You may write your 100-word essay below. Think of your school nurse as she defines the words: School Nurse. If you need or prefer you may attach a sheet to the back of this form. Help us recognize YOUR School Nurse!

Submit all essays together in one packet from you PTA/PTSA.
DEADLINE: February 1 in the Ohio PTA Office