

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES AND PROGRAMS
NURSE SCHEDULE**

School Year

School Nurse _____ School: _____

*****NOTE: CALL ME FOR CONSULTATION
EMERGENCIES DIAL 911:**

IF YOU NEED TO CONSULT A NURSE AND **I AM NOT AVAILABLE**, PLEASE CALL THE
FOLLOWING NURSE(S)

Back-up Nurse #1: _____ Cell Number: _____ Back-up Nurse #2: _____ School Site(s): _____ Phone Number(s): _____ <p align="center">If further assistance is needed after calling the above, contact: Martha Olmos, Administrative Secretary for Health Services 909-397-4648, Ext. 28352</p>

NURSE & HEALTH ASSISTANT SCHEDULE

Name	Monday	Tuesday	Wednesday	Thursday	Friday
<u>NURSE</u>	Ext.	Ext.	Ext.	Ext.	Ext.
HEALTH ASSISTANT	Ext.	Ext.	Ext.	Ext.	Ext.

POST THIS IN A PROMINENT PLACE NEAR YOUR TELEPHONE

c: Principal
 Office Manager
 Health Assistant
 Mark Maine, Director, Health Services
Back-up Nurses

SECTION 1