

# OUTSTANDING SCHOOL NURSE NOMINATION FORM



School nurses provide substantial medical care and offer critical services for the students of Georgia’s public schools. In recognition of National School Nurse Day in May, Georgia PTA will honor one (1) outstanding school nurse in either elementary, middle or high school). For the purpose of this award, a school nurse is anyone who provides health care services for students on a full or part time basis at the local school. School nurse must be a PTA member.

Check one:     Elementary                       Middle School                       K-8 School                       High School

Date		PTA Local Unit ID#	
District	Council	PTA Name	
PTA President’s Name			
Home Address			
City		State	Zip
Cell Phone		Home Phone	
Email			
Principal’s Name			
School Address			
City		State	Zip
School Nurse’s Name			
# Years as a School Nurse at This School		# Years as a School Nurse	

## The following criteria for submission must be met:

- Complete and sign a copy of this nomination form.
- Use letter-size, 8 ½” x 11” paper, one side only for each of the following statements. Include the PTA unit’s name and LU ID# in the top right corner of each page.
- Prepare a statement about the school nurse. The statement should **tell us how your school nurse makes a significant difference in the lives of students in your school**. It should be typed, double spaced with 1” margins, 12 pt. Times New Roman font, not to exceed two pages.
- Include up to 5 student statements with your local unit’s nomination. Student statements should **describe how your school nurse helps students**. Each student statement should not exceed 100 words for elementary students (K-5) or 200 words for middle or high school students (6-12). If typed, the student statements must be double spaced with 1” margins, 12 pt. Times New Roman font. If handwritten, please write or print clearly.
- Mail 1) completed and signed nomination form, 2) PTA statement and 3) any additional student statements, postmarked on or before **the second Friday in March**, to: Georgia PTA, 114 Baker Street, Atlanta, GA 30308.
- Incomplete or illegible nomination forms will not be read. Make a copy for your files as the form and statements will not be returned to your local unit.

PTA President’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal’s Signature \_\_\_\_\_ Date \_\_\_\_\_