

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Bowery

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Bowery

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Bowery

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Bowery

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Panichello

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Panichello

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Panichello

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Panichello

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Sugg

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Sugg

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Sugg

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Sugg

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Watson

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Watson

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Watson

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Watson

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Wiscomb

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Wiscomb

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Wiscomb

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Wiscomb

Time Sent: _____

Reason:

___ Headache ___ Sore Throat
___ Insect Bite/Rash ___ Injury (ICE)
___ Nausea/Vomit ___ Earache

___ Check here if you feel parent/guardian should be contacted.
(Office staff will make the final decision)
TEMP _____ (for office use)

.....
We did the following:

___ Ice
___ Took Temp and it was _____.
___ Gave Calamine Lotion
___ Bandage

Returned to class at this time _____ am/pm