

## Suncoast Academy Clinic Pass

Date: \_\_\_\_\_ 2023

Student: \_\_\_\_\_

Referred by: Mrs. Grados

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)

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We did the following:

\_\_\_ Ice  
\_\_\_ Took Temp and it was \_\_\_\_\_.  
\_\_\_ Gave Calamine Lotion  
\_\_\_ Bandage

Returned to class at this time \_\_\_\_\_ am/pm

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Date: \_\_\_\_\_ 2023

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Referred by: Mrs. Maloney

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