Suncoast Academy Clinic Pass

| 2023 |
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| |

| Student: | |
|-------------------|--------------|
| Referred by: Mrs. | Chiodo (2) |
| 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/ | 1 |
|--------------------------------|----------|------|
| Suncoast Academy | Clinic I | lass |

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| Date: 202 |
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| Student: | |
|-------------------|--------------|
| Referred by: Mrs. | Chiodo (2) |
| Time Sent: | |
| Reason: | |
| Headache | Sore Throat |
| Insect Bite/Rash | Injury (ICE) |

| _Nausea/Vo | omit | | | E | arac | , | |
|------------|------|---|---|-----|------|---|--|
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___Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP _____ (for office use)

| We | did | the | foll | owing: |
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| VV C | ulu | unc | 1011 | owing. |

- 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. Chiodo (2) |
| | 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 timeam/pm |
| | Returned to class at this timeam/pm Suncoast Academy Clinic Pass |
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| | Suncoast Academy Clinic Pass |
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| | Suncoast Academy Clinic Pass |
| | Suncoast Academy Clinic Pass Date: 2023 Student: |
| | Suncoast Academy Clinic Pass Date: 2023 Student: Referred by: Mrs. Chiodo (2) |
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| | Suncoast Academy Clinic Pass Date: 2023 Student: |
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| | Suncoast Academy Clinic Pass Date: 2023 Student: 2023 Referred by: Mrs. Chiodo (2) 2023 Time Sent: 2023 Reason: 2023 Headache Sore Throat Insect Bite/Rash Injury (ICE) |
| | Suncoast Academy Clinic Pass Date: 2023 Student: |
| | Suncoast Academy Clinic Pass Date: 2023 Student: |
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| | Suncoast Academy Clinic Pass Date: 2023 Student: |
| | Suncoast Academy Clinic Pass Date: 2023 Student: 2023 Referred by: Mrs. Chiodo (2) Time Sent: |
| | Suncoast Academy Clinic Pass Date: 2023 Student: |

- Bandage
- Returned to class at this time _____am/pm

Date:_____ 2023

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| _ |
| |
| Sore Throat |
| _Injury (ICE) |
| _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 |

| off |
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| |
| _ |
| Sore Throat |
| Injury (ICE) |
| Earache |
| Earache |
| |

contacted. staff will make the final decision) TEMP _____ (for office use)

| We did the following: | We | did | the | fol | lowing: |
|-----------------------|----|-----|-----|-----|---------|
|-----------------------|----|-----|-----|-----|---------|

- Ice
- ___Took Temp and it was_____.
- ____Gave Calamine Lotion
- Bandage

Returned to class at this time _____am/pm

Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass

| Date: | 2023 |
|---|--|
| Student: | |
| Referred by: Mrs. C | Goff |
| Time Sent: | |
| | |
| Reason: Headache | Some Threat |
| Insect Bite/Rash | Sore Throat Injury (ICE) |
| Nausea/Vomit | Earache |
| (Office staff will | parent/guardian should be contacted. make the final decision) (for office use) |
| We did the followin Ice Took Temp and it wa Gave Calamine Lotic | as |
| | is timeam/pm demy Clinic Pass |
| Returned to class at thi Suncoast Aca | <u>demy Clinic Pass</u> |
| Returned to class at thi | <u>demy Clinic Pass</u> |
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| Returned to class at thi Suncoast Aca Date: | demy Clinic Pass 2023 |
| Returned to class at thi Suncoast Aca Date: Student: | demy Clinic Pass 2023 Goff |
| Returned to class at thi Suncoast Aca Date: Student: Referred by: Mrs. C | demy Clinic Pass 2023 Goff |
| Returned to class at thi Suncoast Aca Date: Student: Referred by: Mrs. C Time Sent: | demy Clinic Pass 2023 Goff |
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| Returned to class at thi Suncoast Aca Date: Student: Referred by: Mrs. C Time Sent: Reason: Headache | demy Clinic Pass 2023 GoffSore Throat |
| Returned to class at thi Suncoast Aca Date: Student: Referred by: Mrs. C Time Sent: Reason: Headache Insect Bite/Rash Check here if you feel p (Office staff will | demy Clinic Pass 2023 GoffSore ThroatInjury (ICE) |
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Suncoast Academy Clinic Pass

Date: _____ 2023

____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. Kinzel

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

<u> Bandage</u>

Returned to class at this time _____am/pm

Suncoast Academy Clinic Pass

| Date: | 2025 |
|---|---|
| Student: | |
| Referred by: Mrs. K | Linzel |
| Time Sent: | |
| Reason: | |
| Headache | Sore Throat |
| Insect Bite/Rash | Injury (ICE) |
| Nausea/Vomit | Earache |
| (Office staff will | parent/guardian should be cont make the final decision) (for office use) |
| We did the followin | ייייייייייייייייייייייייייייייייייייי |
| Ice | .0. |
| Took Temp and it wa | |
| Gave Calamine Lotio | on |
| | |
| Bandage | |
| Bandage | |
| Bandage Returned to class at thi | s timeam/p |
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| Bandage Returned to class at thi | s timeam/p |
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| Bandage Returned to class at thi Suncoast Aca Date: | s timeam/pa demy Clinic Pa |
| Bandage Returned to class at thi Suncoast Aca Date: Student: | s timeam/pa demy Clinic Pa 2023 |
| Bandage Returned to class at thi Suncoast Aca Date: Student: Referred by: Mrs. H | s timeam/pa demy Clinic Pa 2023 Kinzel |
| Bandage Returned to class at thi Suncoast Aca Date: Student: | s timeam/pa demy Clinic Pa 2023 Kinzel |
| Bandage Returned to class at this Suncoast Aca Date: Date: Student: Referred by: Mrs. H Time Sent: | s timeam/pa demy Clinic Pa 2023 Kinzel |
| Bandage Returned to class at this Suncoast Aca Date: Date: Student: Referred by: Mrs. H Time Sent: | s timeam/pa demy Clinic Pa 2023 Kinzel |
| Bandage Returned to class at this Suncoast Aca Date: Student: Referred by: Mrs. H Time Sent: Reason: | s timeam/pa demy Clinic Pa 2023 Zinzel Sore Throat |
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| Bandage Returned to class at this Suncoast Aca Date: Student: Referred by: Mrs. H Time Sent: Reason:HeadacheInsect Bite/RashNausea/VomitCheck here if you feel p (Office staff will tCheck here if you feel p (Office staff will t) | s timeam/pa demy Clinic Pa 2023 Xinzel Sore Throat Sore Throat Sore Throat Sore Throat sore Throat sore Throat sore Th |
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| Bandage Returned to class at this Suncoast Aca Date: Date: Student: Referred by: Mrs. H Time Sent: Headache Insect Bite/Rash Nausea/Vomit Check here if you feel p (Office staff will: TEMP We did the followint Ice | s timeam/pa demy Clinic Pa 2023 Zo23 Kinzel Sore Throat Sore Throat (ICE) Earache parent/guardian should be conta make the final decision) (for office use) ag: |
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Bandage

Returned to class at this time _____am/pm

Date:_____ 2023

Student: Referred by: Mrs. Schrader Time Sent: _____ Reason: Sore Throat Headache Insect Bite/Rash ___Injury (ICE) Earache Nausea/Vomit

Check here if you feel parent/guardian should be contact (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. Schrader

Time Sent:

Reason:

Headache ____Sore Throat ___Insect Bite/Rash _Injury (ICE) Nausea/Vomit Earache

_____Check here if you feel parent/guardian should be contact (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 Suncoast Academy Clinic Pass

| Date: | 2023 |
|--|--|
| Student: | |
| Referred by: Mrs. So | chrader |
| Time Sent: | |
| Reason: | · |
| Headache | Sore Throat |
| Insect Bite/Rash | Injury (ICE) |
| Nausea/Vomit | Earache |
| | (for office use) |
| We did the followin | α· |
| Ice | Ĕ· |
| Took Temp and it was | S . |
| Gave Calamine Lotion | |
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| Bandage | |
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| Returned to class at this | |
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| Returned to class at this Suncoast Acad | <u>lemy Clinic P</u> |
| Returned to class at this Suncoast Acad Date: | <u>lemy Clinic P</u> |
| Returned to class at this Suncoast Acad Date: Student: | lemy Clinic P |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S | lemy Clinic P |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: | lemy Clinic P |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason: | <u>lemy Clinic P</u> 2023 Schrader |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:Headache | <u>lemy Clinic P</u> 2023 Schrader Sore Throat |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:HeadacheInsect Bite/Rash | <u>lemy Clinic P</u> 2023 Schrader Sore Throat Injury (ICE) |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:Headache | <u>lemy Clinic P</u> 2023 Schrader Sore Throat |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:HeadacheInsect Bite/RashNausea/VomitCheck here if you feel pa(Office staff will n | <u>lemy Clinic P</u> 2023 Schrader |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:HeadacheInsect Bite/RashNausea/VomitCheck here if you feel pa(Office staff will n | <u>lemy Clinic P</u> <u>2023</u> Schrader <u>Sore Throat</u> <u>Injury (ICE)</u> Earache arent/guardian should be con nake the final decision) |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:HeadacheInsect Bite/RashNausea/VomitCheck here if you feel pa(Office staff will n | A clinic P 2023 Schrader Sore Throat Injury (ICE) Earache arent/guardian should be con nake the final decision) (for office use) |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:HeadacheInsect Bite/RashNausea/VomitCheck here if you feel pa (Office staff will n) TEMP | A clinic P 2023 Schrader Sore Throat Injury (ICE) Earache arent/guardian should be con nake the final decision) (for office use) |
| Returned to class at this Suncoast Acad Date: Student: Referred by: Mrs. S Time Sent: Reason:Reason:ReadacheNausea/VomitCheck here if you feel pa(Office staff will n) We did the followin | <u>demy Clinic P</u> <u>2023</u> <u>Schrader</u> <u>Sore Throat</u> <u>Injury (ICE)</u> <u>Earache</u> arent/guardian should be con nake the final decision) <u>(for office use)</u> g: |

Bandage

Returned to class at this time _____am/pm

Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass

| Date: | 2023 | Date: | 2023 |
|--|--|--------------------------|--|
| Student: | | Student: | |
| Referred by: Mrs. Ta | | Referred by: Mrs | . Tavlor |
| Time Sent: | • | Time Sent: | • |
| Reason: | | Reason: | |
| Headache | Sore Throat | Headache | Sore Threat |
| Insect Bite/Rash | Sole Throat Injury (ICE) | Insect Bite/Rash | Injury (ICE) |
| Nausea/Vomit | Earache | Nausea/Vomit | Earache |
| (Office staff will m | rent/guardian should be contacted. take the final decision) | (Office staff will | parent/guardian should be contacted. make the final decision) (for office use) |
| We did the following | | We did the following | 1g: |
| Ice | D. | Ice | -8. |
| Took Temp and it was | <u> </u> | Took Temp and it wa | as |
| Gave Calamine Lotion | L | Gave Calamine Lotic | on |
| Bandage | | Bandage | |
| Returned to class at this Suncoast Acad | time am/pm | | is time am/pm demy Clinic Pass |
| Date: | 2023 | Date: | 2023 |
| Student: | | Student: | |
| Referred by: Mrs. Ta | aylor | Referred by: Mrs. | Taylor |
| Time Sent: | | Time Sent: | |
| Reason: | | Reason: | |
| Headache | Sore Throat | Headache | Sore Throat |
| Insect Bite/Rash | Injury (ICE) | Insect Bite/Rash | Injury (ICE) |
| Nausea/Vomit | Earache | Nausea/Vomit | Earache |
| (Office staff will m | rent/guardian should be contacted. take the final decision) (for office use) | (Office staff will | parent/guardian should be contacted. make the final decision) (for office use) |
| | | | |
| We did the following | g: | We did the following | ng: |
| | | | |
| Took Temp and it was | | Took Temp and it wa | |
| Gave Calamine Lotion | l | Gave Calamine Lotic | on |
| Bandage | time a | Bandage | ia tima |
| Returned to class at this | umeam/pm | Returned to class at the | is timeam/pm |