

Suncoast Academy Clinic Pass

Date: _____ 2023

Student: _____

Referred by: Mrs. Bontrager

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

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Date: _____ 2023

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Referred by: Mrs. Chiodo (3)

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Date: _____ 2023

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Referred by: Mrs. McGonigal

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