Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass Date: Date: 2023 2023 Student: Student: Referred by: Mrs. Bontrager Referred by: Mrs. Bontrager Time Sent: _____ Time Sent: _____ Reason: Reason: Headache Sore Throat Headache Sore Throat Insect Bite/Rash ___Injury (ICE) Insect Bite/Rash ___Injury (ICE) Earache Nausea/Vomit Nausea/Vomit Earache Check here if you feel parent/guardian should be contacted. Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) (Office staff will make the final decision) TEMP _____ (for office use) TEMP _____ (for office use) We did the following: We did the following: Took Temp and it was_ Took Temp and it was_____. Gave Calamine Lotion Gave Calamine Lotion ___Bandage Bandage Returned to class at this time am/pm Returned to class at this time am/pm **Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass** Date: 2023 Date: Student: Student: Referred by: Mrs. Bontrager Referred by: Mrs. Bontrager Time Sent: Time Sent: Reason: Reason: Headache Headache Sore Throat Sore Throat ___Insect Bite/Rash ___Insect Bite/Rash _Injury (ICE) _Injury (ICE) ___Earache Nausea/Vomit Nausea/Vomit Earache ____Check here if you feel parent/guardian should be contacted. ____Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) (Office staff will make the final decision) $TEMP ___ (for office use)$ TEMP _____ (for office use) We did the following: We did the following: Took Temp and it was ___Took Temp and it was_____.

___Gave Calamine Lotion

Returned to class at this time am/pm

Bandage

___Gave Calamine Lotion

Returned to class at this time am/pm

Bandage

Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass

Date:	2023	Date:	2023
Student:		Student:	
Referred by: Mrs. C	Chiodo (3)	Referred by: Mrs. Chiodo (3)	
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
Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)		Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP (for office use)	
	•••••	VV 1:14 C 11 .	•••••
We did the followin	g:	We did the following:	
Ice Took Temp and it was		Ice Took Temp and it was	
Gave Calamine Lotio	s n	Gave Calamine Lotion	
Bandage		Bandage	
Date:	demy Clinic Pass 2023	Date:	demy Clinic Pass 2023
Student:		Student:	
Referred by: Mrs. C	Chiodo (3)	Referred by: Mrs. Chiodo (3)	
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
Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)		Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)	
We did the followin	g:	We did the following	ng:
Ice		Ice	
Took Temp and it was		Took Temp and it was	
Gave Calamine Lotion		Gave Calamine Lotion	
Bandage		Bandage	
Returned to class at this	s time am/pm	Returned to class at this	is time am/pm

Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass

Date:	2023	Date:	2023	
Student:		Student:		
Referred by: Mrs. N		Referred by: Mrs. McGonigal		
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	
Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)		Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP (for office use)		
W- 1:1 4 C-11:		W/- 1: 1 41 - C-11:		
We did the following:		We did the following:		
Ice Took Temp and it wa	e	Ice Took Temp and it was		
Took Temp and it wasGave Calamine Lotion		Gave Calamine Lotion		
Bandage		Bandage		
Date:	demy Clinic Pass 2023	Date:	demy Clinic Pass	
Student:		Student:		
Referred by: Mrs. McGonigal		Referred by: Mrs. McGonigal		
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	
Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)		Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)		
We did the followin	g:	We did the following	 ng:	
Ice		Ice		
Took Temp and it was		Took Temp and it was		
Gave Calamine Lotion		Gave Calamine Lotion		
Bandage		Bandage		
Returned to class at this	s timeam/pm	Returned to class at thi	is timeam/pm	

Suncoast Academy Clinic Pass Suncoast Academy Clinic Pass

Date:	2023	Date:	2023
Student:		Student:	
Referred by: Mrs. San	nds	Referred by: Mrs. Sands	
Time Sent:		Time Sent:	
Reason:		Reason:	
	Sore Throat	Headache	Sore Throat
	Injury (ICE)	Insect Bite/Rash	Injury (ICE)
Nausea/Vomit	Earache	Nausea/Vomit	Earache
Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) TEMP(for office use)		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		We did the followin	σ·
Ice		Ice	
Took Temp and it was		Took Temp and it was	
Gave Calamine Lotion		Gave Calamine Lotion	
Bandage		Bandage	
Suncoast Acade Date:	2023	Suncoast Acad Date:	2023
Student:		Student:	
Referred by: Mrs. San	nds	Referred by: Mrs. Sands	
Time Sent:		Time Sent:	
Reason:		Reason:	
	Sore Throat	Headache	Sore Throat
Insect Bite/Rash		Insect Bite/Rash	
Nausea/Vomit	Earache	Nausea/Vomit	Earache
(Office staff will ma	ent/guardian should be contacted. ke the final decision) (for office use)	(Office staff will a	arent/guardian should be contacted. make the final decision) (for office use)
	•••••		
We did the following:		We did the following:	
Ice Took Temp and it was		Ice Took Temp and it was	
Gave Calamine Lotion		Gave Calamine Lotion	
Bandage		Bandage	
Returned to class at this t	imeam/pm	Returned to class at this	s timeam/pm

Date: Date: 2023 2023 Student: Student: Referred by: Mrs. Wright Referred by: Mrs. Wright Time Sent: Time Sent: _____ Reason: Reason: Headache ___Sore Throat Headache Sore Throat Insect Bite/Rash ___Injury (ICE) Insect Bite/Rash ___Injury (ICE) Earache ___Earache Nausea/Vomit Nausea/Vomit ____Check here if you feel parent/guardian should be contacted. ____Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) (Office staff will make the final decision) TEMP _____ (for office use) TEMP _____ (for office use) We did the following: We did the following: Took Temp and it was_____. Took Temp and it was_____. __Gave Calamine Lotion Gave Calamine Lotion Bandage Bandage Returned to class at this time _____am/pm 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. Wright Referred by: Mrs. Wright Time Sent: ____ Time Sent: Reason: Reason: ___Sore Throat Headache ___Sore Throat Headache ___Insect Bite/Rash _Injury (ICE) Insect Bite/Rash Injury (ICE) Nausea/Vomit ___Earache Nausea/Vomit ___Earache ____Check here if you feel parent/guardian should be contacted. ____Check here if you feel parent/guardian should be contacted. (Office staff will make the final decision) (Office staff will make the final decision) TEMP _____ (for office use) TEMP _____ (for office use) We did the following: We did the following: __ Ice ___Took Temp and it was_____. ___Took Temp and it was_____. ___Gave Calamine Lotion Gave Calamine Lotion Bandage Bandage

Suncoast Academy Clinic Pass

Returned to class at this time _____am/pm

Suncoast Academy Clinic Pass

Returned to class at this time _____am/pm