Date:	2023	Date:	2023	
Student:		Student:		
Referred by: Mrs. Agee		Referred by: Mrs. A	Agee	
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		We did the following		
We did the followin	g.	We did the following Ice	ıg.	
Took Temp and it wa	S .	Took Temp and it wa	ns .	
Gave Calamine Lotio	n :	Gave Calamine Lotion		
Bandage		Bandage		
Date:	demy Clinic Pass 2023	Date:	demy Clinic Pass	
Student:		Student:		
Referred by: Mrs. A	gee	Referred by: Mrs. A	Agee	
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 a	arent/guardian should be contacted. make the final decision)(for office use)	(Office staff will	parent/guardian should be contacted make the final decision)(for office use)	
We did the followin	g:	We did the following	 ng:	
Ice		Ice	<i>5</i>	
Took Temp and it wa		Took Temp and it wa		
Gave Calamine Lotio	n	Gave Calamine Lotic	on	
Bandage	.•	Bandage		
Returned to class at this	s time am/pm	Returned to class at thi	s time am/pm	

Date:	2023	Date:	2023	
Student:		Student:		
Referred by: Mrs. Edwards		Referred by: Mrs. Edwards		
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 41 - C-11:		W/- 1: 1 41- C-11:		
We did the following	ıg:	We did the following	ig:	
Ice Took Temp and it wa	S	Ice Took Temp and it wa	nc	
Gave Calamine Lotio	<u>.</u> m	Gave Calamine Lotic		
Bandage		Bandage		
Date:	demy Clinic Pass 2023	Date:	demy Clinic Pass 2023	
Student:		Student:		
Referred by: Mrs. E	dwards	Referred by: Mrs. E	Edwards	
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	arent/guardian should be contacted. make 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:	
Ice		Ice		
Took Temp and it wa		Took Temp and it wa		
Gave Calamine Lotio	n	Gave Calamine Lotic	on	
Bandage		Bandage		
Returned to class at this	s time am/pm	Returned to class at thi	s time am/pm	

Date:	2023	Date:	2023	
Student:		Student:		
Referred by: Mrs. Miller		Referred by: Mrs. Miller		
Time Sent:		Time Sent:		
Reason:		Reason:		
	Sore Throat	Headache	Sore Throat	
	Injury (ICE)	Insect Bite/Rash		
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 followi	nα·	
Ice	•	Ice	ing.	
Took Temp and it was_	•	Took Temp and it w	/as	
Gave Calamine Lotion		Gave Calamine Lotion		
Bandage		Bandage		
Date:	emy Clinic Pass 2023	Date:	2023	
Student:		Student:		
Referred by: Mrs. Mi	ller	Referred by: Mrs.	Miller	
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 wil TEMP _	parent/guardian should be contacted. l make the final decision)(for office use)	
	•••••			
We did the following.		We did the followi	ng:	
			788	
Took Temp and it wasGave Calamine Lotion		Took Temp and it was Gave Calamine Lotion		
Bandage		Bandage		
Returned to class at this t	imeam/pm	Returned to class at the	nis timeam/pm	

Date:	2023	Date:	2023	
Student:		Student:		
Referred by: Mrs. Taulbee		Referred by: Mrs. T	aulbee	
Time Sent:		Time Sent:		
Reason:	_	Reason:		
	Sore Throat	Headache	Sore Throat	
	Injury (ICE)	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	parent/guardian should be contacted. make the final decision)(for office use)	
We did the following		We did the following		
Ice	•	Ice	'5'	
Took Temp and it was_	<u>.</u>	Took Temp and it was		
Gave Calamine Lotion		Gave Calamine Lotion		
Bandage		Bandage		
Suncoast Acade Date:	2023	Suncoast Acad	2023	
Student:		Student:		
Referred by: Mrs. Tai	ulbee	Referred by: Mrs. T	aulbee	
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	arent/guardian should be contacted. make the final decision) (for office use)	
	•••••		• • • • • • • • • • • • • • • • • • • •	
We did the following	•	We did the following	ig:	
Ice Took Temp and it was_		Ice Took Temp and it wa	· C	
Gave Calamine Lotion	•	Gave Calamine Lotio		
Bandage		Bandage		
Returned to class at this t	imeam/pm	Returned to class at thi	s timeam/pm	