

## Suncoast Academy Clinic Pass

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

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

Referred by: Mrs. Agee

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

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\_\_\_ Gave Calamine Lotion

\_\_\_ Bandage

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

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