

**St. Lucie Public Schools  
Clinic Information Notice/Pass**

DATE \_\_\_\_\_ TIME LEAVING CLASS \_\_\_\_\_

STUDENT \_\_\_\_\_ TEACHER \_\_\_\_\_

COMPLAINT \_\_\_\_\_  
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TIME LEAVING CLINIC \_\_\_\_\_

\_\_\_\_\_**RETURN TO CLASS**

- \_\_\_\_ No significant problem noted/No fever
- \_\_\_\_ Ice/bandage applied
- \_\_\_\_ Parent notified/Student will remain in school
- \_\_\_\_ Student rested
- \_\_\_\_ Unable to contact parent/guardian

\_\_\_\_\_**GOING HOME**

- \_\_\_\_ Please send student back to clinic with bookbag
- \_\_\_\_ Please allow student to sit quietly in classroom until parent arrives
- \_\_\_\_ Other \_\_\_\_\_

White: Clinic      Yellow: Teacher

STS0102

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