

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

DATE _____ TIME LEAVING CLASS _____
STUDENT _____
TEACHER _____
COMPLAINT _____

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 to sit quietly in classroom until parent arrives
 Other _____

White: Clinic Yellow: Teacher STS0103

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