Type you school's name here

Date: _____

DAILY CLINIC LOG ACTIVITY

Place a "√" in the appropriate boxes ⇓

TIME IN	NAME (LAST AND FIRST)	GRADE	TEACHER	ILLNESS	INJURY	OTHER	RETURN TO CLASS	SENT HOME	911	PARENT CALLED	TIME OUT	INITIALS
	TOTAL											

Signature / Initials _____/_____ Signature / Initials _____/_____

Signature / Initials _____/_____ Signature / Initials _____/_____

Completed Logs should be maintained by the school

Rev. 9/20/10