

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Reason for check out: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ **Time clinic:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ **Time Check out:** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Reason for check out: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ **Time clinic:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ **Time Check out:** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Reason for check out: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ **Time clinic:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ **Time Check out:** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Reason for check out: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ **Time clinic:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ **Time Check out:** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Reason for check out: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ **Time clinic:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ **Time Check out:** \_\_\_\_\_