

Float Clinic Staff Information Sheet

School: _____ **School Year:** _____

School Start Time: _____ **School Release Time:** _____ **Early Release Time:** _____

School Administrator's name and phone numbers: _____

School phone number and clinic extension: _____

How to dial out of school – dial: _____ Voice Mail Code: _____

RN Supervisor Name: _____ Phone Number: _____ Team #: _____

Who to contact to obtain clinic keys: _____

Do you get a Lunch Break?:

☐ Yes: Lunch Break Time: _____ District Staff to Cover Clinic for Lunch Break (call for coverage): _____

☐ No: Leave early at: _____ (Don't forget to drop the keys back off and let them know you are leaving)

Details of how to locate a student (who has not shown up for medication or other reason, use radio, intercom, what phone # etc.):

Location of:

Medication Books: _____

Clinic Log: _____

Tick Sheets: _____

Emergency Action Plans: _____

Emergency First Aid Bag (Go-Bag): _____

Other Important Information:

