

Doctor's Note to Return to School

Nota del Medico para seguir en la Escuela

(Such as: extended illness, mental health crisis, hospitalization, surgery, 911 calls, stitches/staples)

Student Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Diagnosis _____ Date of Illness _____

Student may return to school on _____

Recommendations to be in effect until (date) _____

Treatment Plan/Current Medication (s): _____

Special Precautions During School Hours: _____

Contagious: _____ Not Contagious: _____

I have examined the above named student and consider the student able to participate in regular school activities with the following recommendations:

Recommendations for Recess: May participate May not participate
 May not participate, but may circulate with peers Other _____

Recommendations for Physical Education: May participate May not participate May participate with limitations (please describe): _____

Recommendations for Field Trips: May participate May not participate May participate with limitations (please describe): _____

Comments/Additional Instructions: _____

Authorized Health Care Provider Signature _____

Authorized Health Care Provider Name (print clearly) _____

NPI# _____

Telephone _____ Date _____

School Participation Following Illness

Office Stamp

I give my permission for my child (name) _____ to return to school under conditions described above. I give permission for the School Nurse to exchange health-related information with authorized health care provider.

Doy mi permiso para que mi hijo(a) (nombre) _____ regrese a la escuela bajo las condiciones descritas anteriormente. Doy permiso para que la Enfermera Escolar/Oficinista de la enfermeria intercambie informacion sobre salud con el proveedor de salud autorizado.

Parent/Guardian Signature _____ Date _____

Firma del Padre o guardian

Fecha