

DOCTOR'S NOTE TO RETURN TO SCHOOL



Date: _____
Dear Health Care Provider,

_____ was sent home from our school on ___/___/___ with symptoms that could potentially be contagious.

In the best interest of keeping our students and staff healthy we ask that the child does not return to school until he/she has been **symptom free for 24 hours** (without fever reducers) or with a **doctors consent**.

This child was sent home with the following symptoms:

- ☐ Fever of _____ ° taken:
- ☐ under the tongue
 - ☐ under the arm
 - ☐ pointed at forehead
- ☐ Red or running eyes, colored discharge from the eyes or nose.
- ☐ Cough that is persistent or productive.
- ☐ Sores or crusts on the scalp face or body, including those that are draining.
- ☐ Skin eruptions or rash.
- ☐ Sore throat.
- ☐ Swelling and tenderness of the glands, particularly about the face or neck.
- ☐ Other:
- ☐ Nausea and vomiting.
- ☐ Pain and stiffness of neck and/or headache.
- ☐ Jaundice (yellowing of eyes and/or skin)
- ☐ Persistent abdominal pain.
- ☐ Diarrhea.

Thank you,

	To be filled out by Doctor:
Date the above named child was seen by Doctor for the above symptoms	
Diagnosis for the above named child	
Date the above named child is no longer contagious and can return to school/daycare	
Special Instructions:	

Physicians Signature