



"Return To School Note"

STUDENT NAME: _____

DATE OF ABSENCE: _____ GRADE: _____

REASON/ILLNESS WHY STUDENT WAS ABSENT FROM SCHOOL:

SYMPTOMS:

| | | |
|------------------|-----|----|
| COUGH | YES | NO |
| SORE THROAT | YES | NO |
| STUFFY NOSE | YES | NO |
| OTHER (SPECIFY): | | |

FEVER: YES ___ NO ___ HOW HIGH WAS TEMPERATURE: _____

IF FEVER-REDUCING MEDICATION WAS USED WHAT WAS THE
LAST DATE USED: _____ AND TIME: _____

STUDENT'S TEMPERATURE ON MORNING RETURNING TO SCHOOL: _____

I _____ verify that my child has been fever-free for 24 hours
without the use of fever-reducing medication.

PARENT/GUARDIAN SIGNATURE

DATE