



"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