DOCTOR'S NOTE TO SCHOOL

Note: All items must be filled out completely by the Doctor/Nurse.

TYPE OF VISIT: ☐ IN OFFICE ☐ TELEPHONIC

DATE: _____

NAME OF STUDENT: _____

LOCATION OF VISIT: _____

PARENT/GUARDIAN: _____

DR. SEEN: _____

TIME IN/OUT: _____

MAY RETURN TO SCHOOL: ☐ IMMEDIATELY ☐_____
(Specify date for return)

WITH THE FOLLOWING RESTRICTIONS (if any)

_____

_____

DOCTOR'S SIGNATURE: _____

Note to Parents: The school may verify this note with the doctor's office to ensure accuracy.