



THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON
SOUTH | DRYDEN | WESTGATE | WINDSOR

DEPARTMENT OF STUDENT SERVICES 1200 S. Dunton Ave, Arlington Heights, IL 60005 847.758.4875

RETURN TO SCHOOL FROM SERIOUS INJURY or ILLNESS

Completed form must be returned to the nurse on student's first day back to school

Student Name: _____ DOB: _____

School: _____

Return Date: _____ Diagnosis: _____

Specific Instructions:

1. Physical Limitations (Physical Education, Recess, movement in hall, need for elevator): _____

2. Schedule limitations: (full day or part day): _____

3. Other special needs: _____

Medications (ONLY if administration is required during the school day)

Medication and Dosage	Time of Administration	Side effects

Other Medications that the student is receiving: _____

I certify that the above named student under my care is medically able to return to school with the limitations, restrictions, and/or medications as indicated.

Physician Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____