

# 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 with Turbo★Temp Commercial Thermometer™
  - ☐ under the arm without 1° added with NexTemp™ Clinical Thermometer
  - ☐ pointed at forehead with VeraTemp+™ Professional Non-Contact Thermometer
- ☐ 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,  
Your Friends at Paradigm Care & Enrichment Center

	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 <small>(we are required by Michigan State Day Care Licensing to confidentially post this to parents of all students in our program)</small>	
Date the above named child is no longer contagious and can return to school/daycare	
Special Instructions:	

\_\_\_\_\_  
Physicians Signature

Physician's office stamp  
(REQUIRED TO RETURN TO SCHOOL)