

READMITTANCE FORM

Your child has been sent home because he/she shows signs of illness. Your child can be readmitted to school when one of the following has been met:

1. A doctor's readmission form is submitted stating the diagnosis, the date the child can return and that he/she is no longer contagious.

If your child does not see a doctor:

2. He/she has been
 - a.) observed to be symptom free for at least 1 full day following a fever or diarrhea.
 - b.) free of suspicious rash.

For example, if your child is sent home on Monday, he/she must be observed at home on Tuesday before returning on Wednesday.

READMITTANCE FORM
(TO BE COMPLETED BY PHYSICIAN ONLY)

_____ was sent home from school on _____
Child's Name Date

To be able to return to school, we need the following:

1. Diagnosis
2. Is this child contagious _____ Yes _____ No

If yes, when can he/she return? _____
Date

2. Medications to be administered during school hours:

(Non-prescription medication will not be administered for more than three days unless a note with the doctor's signature is provided.)

Date

Physician's Signature