

Santa Monica-Mailbu Unified School District
1651 Sixteenth Street, Santa Monica, California 90404-3891 (310) 450-8338

Department of Health Services

**Return To School- Notice To Teacher/ P.E. Coach/ Staff Member
From School Health Office**

Date _____

Name of Student _____

Diagnosis _____

The above patient has been under medical care and:

___ Has Recovered From Injury And/Or Is Free From Contagious Disease, And May Return To School On _____.

___ Use of Crutches Or Other Assistive Device Is Permitted From _____ Until _____.

___ Is Restricted From P.E. From _____ Until _____.

___ Is Restricted From Contact Sports From _____ Until _____.

___ Is Scheduled To Take Medication At School At This Time _____,

From _____ Until _____. **Please send student to health office at this time.

___ Any Further Restrictions Or Limitations Include: _____

Signature of School Nurse or Health/Office Assistant: _____

Date Signed: _____