

RETURN TO SCHOOL AFTER MEDICAL ABSENCE

(Form must be returned to school seven to ten days prior to student's readmission to school.)

Student's Name _____ D.O.B. _____ SS# _____
Parent's Name _____ Address _____
Phone # _____ School # _____

Dr. _____,

Your patient _____ is reentering Iberville Parish School System after a medical related absence. We need information concerning his/her health status. Please complete recommendations requested below.

Current Diagnosis & Medical Status (additional information may be attached to this form)

RECOMMENDATIONS FOR STUDENT INTEGRATION INTO THE SCHOOL SETTING

Activity Restrictions

Nutritional/Dietary

Physical Education

*Special
Procedures*

Are medications to be given at school? If yes, Iberville Parish School Board medication Policy must be completed.

Form completed by Dr. _____

Physician's Signature (may not be stamp)

Print Dr's Name here _____ Date _____

Address _____ Office # _____