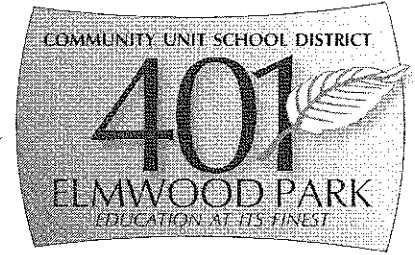


Elmwood Park C.U.S.D. #401



ELMWOOD PARK SCHOOL DISTRICT 401

RETURN TO SCHOOL FORM

Name of student _____

Has been under my care for _____

Is not contagious and may return to school on _____

Restrictions _____

Medications _____

Physician signature _____

Physician name: _____

Address _____

Phone number _____

Fax number _____

I authorize the release of information regarding this absence to the school nurse at

Name of school

Parent signature: _____ Printed name: _____