



LOCAL SCHOOL DISTRICT

Board of Education
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Return to School 2021-22 Alternative Diagnosis

To The Principal:

_____ (name) was examined today and may return to school on _____ (date). As the medical provider, I've determined an alternative diagnosis; I believe it is appropriate for the student to return to school; and I further approve this return to school if they have been 24 hours fever free without the use of fever suppressing medications.

Parent/Guardian Signature

Date

"Education is Our Chief Concern"
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