



**2023-24 Bartow County School System Medical Release
to Return to School After Illness/Injury**

Student _____ DOB _____

Date of Return to School _____ Physician Completing _____

I. Diagnosis _____

II. Surgery Required? YES NO Procedure _____

III. Medical Care Needed at School

A. Restrictions? _____

B. Medical concerns following illness/injury? Please list signs and symptoms that would prompt emergency care, including parameters.

C. Prescriptions medications/equipment needed at school? If yes, write orders here.

D. Are follow up appointments necessary during this recovery? If yes, please provide updates from each appointment for the school nurse to consider regarding the medical care provided at school.

E. Please list an approximate date range expected for the above care and/or orders.

F. Once the student is released, please include the release in the follow up for the school nurse.

*This form is for temporary care following an illness or injury. If a chronic medical condition results from the illness or injury, there is other paperwork required for continuum of care at school.

Physician Signature / Date

Office Contact Information:

Address _____

Office Phone _____

Office Fax _____

I release the physician to speak to the school nurse regarding the above diagnosis.

Parent/Guardian Signature / Date