

Name of Student: _____

Date of birth _____

Dear Doctor,

The parents/guardians have informed me that the above named student has been under your care.

I would appreciate information about any restrictions at school. Please check the appropriate lines below and make any necessary additions, please be specific.

<u>Omit</u>	<u>Activity</u>	<u>Date May Resume</u>
_____	Jumping activities	_____
_____	Running activities	_____
_____	Physical Education	_____
	team activities, baseball,	
	volleyball, soccer, basketball	
_____	Playground activities:	_____
	Monkey bars, jump rope	
_____	Other restrictions:	_____

Physician's Signature

Please return this to your school nurse with your child.

Sincerely,