



Special School District Health Services

Return to School Following Hospitalization, Serious Illness and/or Injury

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PCP, Specialist, or other MD/DO to Complete this Section:

Diagnosis or reason for recent illness/hospitalization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date student may return to school: \_\_\_\_\_

If student requires nursing care at school, please list any new nursing orders including medications, treatments or procedures that must be provided during the school day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If student receives Physical Therapy and/or Occupational Therapy at school, please indicate any changes in PT and/or OT orders  No Changes

\_\_\_\_\_  
\_\_\_\_\_

Next scheduled office/clinic visit: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Special School District of St. Louis County

12110 Clayton Rd., Town & Country, Missouri 63131 (314) 989-8100