



Northbrook School District 27

RETURN TO SCHOOL/RECESS/PHYSICAL EDUCATION/CLASSROOM FORM
TO BE COMPLETED BY PRIMARY HEALTHCARE PROVIDER

Student's Name: _____

Date of Birth: _____

Date: _____

Diagnosis: _____

RETURN TO SCHOOL STATEMENT

- May return to school
- May return to school after (#) _____ of day(s)/week(s)

ACTIVITIES RECOMMENDED AT SCHOOL

- May return to recess and PE with no restrictions
- May not return to recess/PE until _____
- May return to recess but may not participate in PE until _____
- May participate in PE, no competitive sports until _____
- May return to PE on _____
- Classroom Screen Time (max daily screen time minutes): _____ Increments: _____ No Screen time until _____
- May return to full time learning (date): _____
- Classroom Modification(s): _____

MODIFIED ACTIVITY (PLEASE CHECK ALL THE APPLY)

- No running/jumping
- No contact sports
- No weightlifting
- No throwing
- No upper arm/overhead activities

ADDITIONAL RESTRICTIONS: _____

COMMENTS: _____

PRIMARY HEALTH CARE PROVIDER'S SIGNATURE: _____

PRIMARY HEALTH CARE PROVIDER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____