

## Return to School Authorization

Student's Name \_\_\_\_\_

May return to school on \_\_\_\_\_

The following restrictions apply \_\_\_\_\_

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

Doctor's Name \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Phone \_\_\_\_\_