

JESUP COMMUNITY SCHOOLS



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Return to School Note (To be completed by the provider after the crisis assessment)

Student Name _____

was seen in my office or E.R. and assessed on _____ (date of service).

Student Name _____ may return to school
on _____. Please note any referrals or appointments given to the
student (patient) and/or the family.

1. _____
2. _____
3. _____

Is there any medication that will need to be provided during school hours
or school staff should be aware of? If so, please list:

Are there any issues or concerns which should be addressed during the re-
entry meeting with school staff? If so, please explain:

Release of Information on file? ____ Yes ____ No

Provider's Signature _____ Date _____

Phone Number _____