

## RETURN TO SCHOOL NOTE FOR INFLUENZA (FLU) LIKE ILLNESS 2009 - 2010 PANDEMIC PERIOD



Date:	
Student's Name:	Grade:
has fever reducing ingredients (r	24 hours without the use of <b>any</b> medication that many medications may contain fever reducing cetaminophen please read the label and consult with acist if you have any questions.)
Initial Date of Illness (if available	):
Date and time of <b>last</b> documented Date:	ed temperature over 100°F: Time:
	y medication with fever reducing ingredients: Time:
Name of parent/guardian:	
Signature:	Date:
Contact Information:	
School Nurse Review:Approved for return Return Date: Denied request to r Reason:	
School Nurse Name:	Date:
School Nurse Signature:	

Version: 9/18/09