



Doctor's Note

Today's Date: \_\_\_\_\_

To whom it may concern,

Please be advised that \_\_\_\_\_ (child's name) was seen in our office on, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (day/month/year).

Reason: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is able to return to school immediately

Is not able to return to school until \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (day/month/year)

Instructions upon return:

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

Restriction or limitations (if any):

\_\_\_\_\_

\_\_\_\_\_  
Doctors' Signature/stamp