

[Date]

To: [School Name / School Nurse]

From: [Parent/Guardian Name or Physician Name]

Subject: Medical Clearance for Return to School

Dear [Recipient Name],

This letter is to certify that [Student Name] has been under medical care for viral gastroenteritis.

As per standard health guidelines, the student has met the following criteria for returning to school:

- The student has been free of vomiting for at least [24/48] hours.
- The student has been free of diarrhea for at least [24/48] hours.
- The student has been fever-free (without the use of fever-reducing medication) for at least 24 hours.

It is now safe for [Student Name] to return to school and resume normal activities effective [Date of Return].

If you have any further questions, please contact me at [Phone Number].

Sincerely,

[Signature]

[Printed Name]

[Title/Relationship to Student]