

**Date:** [Date]

**To:** School Administration / School Nurse

**School Name:** [Name of School]

**Subject:** Medical Clearance for Return to School

**Student Name:** [Student Full Name]

**Date of Birth:** [Student Date of Birth]

To Whom It May Concern,

This letter is to certify that the student named above was diagnosed with scabies. The student has since undergone the required medical treatment for parasitic clearance.

Per medical guidelines, the student completed the first application of [Name of Treatment, e.g., Permethrin Cream] on [Date]. According to standard health protocols, a student is no longer considered contagious 24 hours after the initial treatment has been completed.

I have examined the student and confirm that they are now cleared to return to school and participate in all regular activities effective [**Return Date**].

Please note that some itching or mild rash may persist for several weeks following successful treatment; this does not indicate a new infection or treatment failure.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Practice Name]

[Address]

[Phone Number]