

[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Principal's Name] or [Teacher's Name]
[School Name]
[School Address]

Re: Return to School - [Student's Full Name]

Dear [Principal or Teacher Name],

Please accept this letter as formal notification that [Student's Name] is cleared to return to school on [Date of Return] following an extended medical absence for post-surgical recovery.

While [Student's Name] is eager to resume their studies, their physician has requested the following temporary accommodations to ensure a safe transition:

- **Physical Activity:** [e.g., No PE classes or strenuous activity for 2 weeks].
- **Mobility:** [e.g., Needs extra time to transition between classes or use of the elevator].
- **Medication:** [e.g., Needs to visit the nurse at noon for prescribed medication].
- **Academic Load:** [e.g., Reduced homework load or extended deadlines for missed assignments].

I have attached the formal medical release and specific instructions from the surgeon for your records. We would appreciate the opportunity to discuss a plan for making up missed coursework at your earliest convenience.

Thank you for your support during [Student's Name]'s recovery. Please contact me directly if you have any questions or require further documentation.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]