**Date:** [Date]

**To:** School Administration / School Nurse
**School Name:** [Name of School]
**Re:** [Student Name]
**Date of Birth:** [Student Date of Birth]

Dear School Official,

[Student Name] was under my care for a surgical procedure on [Date of Surgery] and was hospitalized from [Admission Date] to [Discharge Date].

The student is medically cleared to return to school on **[Return Date]** with the following status:

**Activity Restrictions:**

- [ ] Full clearance with no restrictions.
- [ ] No Physical Education (PE) or sports until [Date].
- [ ] No heavy lifting (greater than [X] lbs) until [Date].
- [ ] Limited stair climbing.
- [ ] Other: [Specify other restrictions]

**Special Accommodations:**

- [ ] Extra time between classes/early passing.
- [ ] Access to elevator.
- [ ] Use of a second set of textbooks at home.
- [ ] Frequent bathroom breaks or water access.
- [ ] Medication to be administered by school nurse: [List Medication and Schedule]

Please contact our office at [Phone Number] if you have any questions or require further documentation regarding this student's recovery.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical Practice/Hospital Name]
[Contact Information]