**Date:** [Date]

**To:** [School Name / Administrator Name]
**Address:** [School Address]

**RE:** Return to School Clearance for [Student Name]
**Date of Birth:** [Student Date of Birth]

To Whom It May Concern,

This letter is to confirm that [Student Name] has been under my psychiatric care and was hospitalized from [Admission Date] to [Discharge Date].

I have evaluated the student and determined that they are clinically stable and cleared to return to school effective [Return Date].

To support a successful transition, I recommend the following accommodations:

- [e.g., Reduced course load or shortened school days]
- [e.g., Access to a counselor or designated safe space]
- [e.g., Extensions on missed assignments or testing]
- [e.g., Frequent breaks during the school day]

The student will continue follow-up treatment including [e.g., weekly therapy/medication management].

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

Sincerely,

[Physician Signature]
[Physician Name, Credentials]
[Facility/Clinic Name]