Date: [Insert Date]

To: [Name of Teacher or School Principal]
[Name of School]

Subject: Return to School and Medication Protocol for [Student Name]

Dear [Recipient Name],

Please accept this letter as notification that [Student Name] is returning to school today, [Date], following an absence due to [Name of Illness/Symptoms].

Per medical advice, [Student Name] is no longer contagious and has been fever-free for at least 24 hours without the use of fever-reducing medication.

To ensure a safe recovery, [Student Name] requires the following medication to be administered during school hours:

- **Medication Name:** [Insert Name]
- **Dosage:** [Insert Amount]
- **Time(s) of Administration:** [Insert Time]
- **Special Instructions:** [e.g., Take with food, refrigerate, etc.]

I have enclosed the medication in its original pharmacy-labeled packaging as required by school policy. I have also attached a signed [Medical Authorization Form / Physician's Note] if applicable.

Please let me know if there are any restrictions regarding physical education or recess for the remainder of this week.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]