Date: [Date]

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

To Whom It May Concern,

This letter is to confirm that [Student Name] had their cast removed on [Date of Removal] following treatment for a [Type of Injury, e.g., wrist fracture].

The student is cleared to return to school effective [Return Date] with the following activity status:

Physical Education (PE) and Sports:
[ ] Cleared for full, unrestricted participation.
[ ] Restricted from contact sports until [Date].
[ ] No PE or strenuous physical activity until [Date].

Recess and Physical Activity:
[ ] Full participation.
[ ] Light activity only (no climbing, running, or jumping).

Additional Instructions/Splinting:
[ ] No further support required.
[ ] Must wear a removable splint during [Activity/Timeframe].

Please contact my office at [Phone Number] if you have any questions regarding these instructions.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Facility Name]