

Date: [Date]

To: [School Name / Principal Name / School Nurse]

From: [Provider Name, Credentials]

Patient Name: [Student Full Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

I am writing to provide medical clearance for [Student Name] to return to school effective [Return Date]. [Student Name] has been under my care for the treatment of a Major Depressive Episode and associated mental health crisis since [Start Date of Absence].

It is my clinical opinion that the student is medically stable and capable of resuming academic activities. To ensure a successful transition, I recommend the following accommodations for a period of [Duration, e.g., 30 days]:

- Reduced course load or shortened school days.
- Extended deadlines for missed and upcoming assignments.
- Permission to visit the school counselor or a designated "quiet space" if feeling overwhelmed.
- Exemption from high-stress testing or presentations during the initial return phase.

The student will continue a follow-up treatment plan consisting of [e.g., weekly therapy/medication management]. Should any concerns regarding the student's safety or behavior arise, please contact my office immediately at [Phone Number].

Thank you for your support in this student's recovery and education.

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Clinic/Facility Name]

[Contact Information]