

Date: [Date]

To: [School Name] Administration / School Nurse

From: [Facility Name / Treatment Team]

Subject: School Re-entry and Medical Clearance

To Whom It May Concern,

This letter is to certify that **[Student Name]** (DOB: [Date of Birth]) was under our care at **[Facility Name]** from **[Admission Date]** to **[Discharge Date]** for a mental health related matter.

The student has been clinically cleared to return to school on **[Return Date]**. At this time, the student is no longer considered a danger to themselves or others and is stable enough to resume academic activities.

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

- [e.g., Reduced course load or modified assignments]
- [e.g., Access to a school counselor or quiet space as needed]
- [e.g., Medication administration during school hours: Specify if applicable]
- [e.g., Frequent breaks]

A follow-up care plan has been established with [Name of Outpatient Provider/Clinic].

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

Sincerely,

[Signature]

[Printed Name and Credentials/Title]

[Facility Name]