

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To the School Administration of [Name of School]:

This letter is to certify that [Student Full Name], with a date of birth of [DOB], is under my medical care. The student is cleared to return to school on [Date].

Due to a recent medical procedure or condition, the student requires a **strict liquid diet** while at school. Please provide the following accommodations until [End Date or "Further Notice"]:

- The student may only consume clear liquids or nutritional shakes as provided by the parent/guardian.
- The student must be allowed to have a water bottle or liquid supplement at their desk.
- Access to a private or quiet area for liquid intake if requested.
- Exemption from participation in food-based activities or snacks provided by the school.

If the student experiences any nausea, dizziness, or extreme fatigue, please contact the parent/guardian immediately.

If you have any questions regarding these medical requirements, please contact our office.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[License Number]