

Date: [Date]

To: [School or Childcare Center Name]

Re: [Child's Full Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

Please be advised that [Child's Name] was seen at our office on [Date of Visit] and has been diagnosed with Streptococcal Pharyngitis (Strep Throat).

Excused Absence:

The patient is excused from school/childcare starting from [Start Date] until [Return Date].

Medical Clearance:

The patient may return to school and resume all activities on [Date of Return], provided they meet the following criteria:

- They have completed at least 24 hours of appropriate antibiotic therapy.
- They have been fever-free for at least 24 hours without the use of fever-reducing medication.
- Their symptoms have significantly improved.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice/Clinic Name]

[Clinic Address]