

Date: [Date]

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

[School Name]

[School Address]

Subject: Post-Strep Throat Infection Accommodations for [Student Name]

To whom it may concern,

This letter is to inform you that [Student Name] was recently diagnosed with a Streptococcal (Strep) throat infection. While [Student Name] has completed the initial phase of treatment and is no longer contagious, they are still recovering from the physical exhaustion and side effects associated with the illness.

To ensure a successful return to the classroom, I am requesting the following temporary accommodations for the period of [Start Date] to [End Date]:

- Exemption from physical education (PE) and strenuous outdoor activities.
- Frequent water breaks and permission to keep a water bottle at their desk.
- Extended deadlines for assignments or tests missed during the illness.
- Rest periods in the nurse's office if the student experiences sudden fatigue or headaches.
- Permission to wear a mask if requested for personal comfort.

Please find the attached medical note from our healthcare provider confirming the diagnosis and clearance to return to school.

Thank you for your assistance in supporting [Student Name]'s recovery. Please contact me at [Phone Number] or [Email] if you have any questions.

Sincerely,

[Your Name]

[Parent/Guardian Signature]