

**Date:** [Date]

**To:** [Daycare Name/Administrator]

**Re: Return to Care Clearance**

**Patient Name:** [Child's Full Name]

**Date of Birth:** [Date of Birth]

To Whom It May Concern,

The child named above was evaluated in our office on [Date of Visit] and was diagnosed with Strep Throat.

The patient has started a course of antibiotic treatment and has been without a fever for more than 24 hours without the use of fever-reducing medication. According to standard health guidelines, this child is no longer considered contagious and is cleared to return to daycare on [Return Date].

Please contact our office at [Phone Number] if you have any further questions.

Sincerely,

[Healthcare Provider Signature]

[Provider Name and Title]

[Clinic/Office Name]