

Date: [Date]

To: [Name of Daycare/School Facility]

Re: Medical Clearance for [Child's Full Name]

To whom it may concern,

This letter is to certify that [Child's Full Name], born on [Date of Birth], was evaluated by me on [Date of Evaluation] for symptoms related to **Allergic Conjunctivitis**.

I have determined that this condition is **non-infectious** and **non-contagious**. It is caused by an allergic reaction and does not pose a health risk to other children or staff members.

[Child's Name] is now symptomatically stable and is medically cleared to return to daycare effective [Return Date].

No special restrictions are required upon their return, other than [Optional: List any eye drops or medications to be administered].

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP]

[Clinic/Practice Name]

[Clinic Address]