

Date: [Insert Date]

To the Principal/School Nurse of [School Name],

This letter is to confirm that [Student Name] was seen in our clinic on [Date] and was diagnosed with conjunctivitis (pink eye).

The student has been prescribed appropriate treatment and has been under medical care. According to standard health guidelines, a student may return to school once they have completed a full 24 hours of antibiotic treatment and show improvement in symptoms.

Treatment Start Time: [Insert Time] on [Insert Date]

Eligible Return Date: [Insert Date]

The student is currently cleared to resume all school activities, provided they are no longer experiencing active discharge from the eyes and do not have a fever.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]

[Phone Number]