Date: [Date]

To: [School Name / School Nurse Name]

Subject: Return to School Authorization

To Whom It May Concern,

Please accept this letter as notification that [Student Name] is authorized to return to school on [Date of Return].

The student was previously absent due to a fever. In accordance with school health policies, I am confirming that the student has been fever-free (below 100.4F / 38C) for at least 24 consecutive hours without the use of fever-reducing medications, such as Acetaminophen or Ibuprofen.

The student's other symptoms have also significantly improved, and they are well enough to participate in regular school activities.

If you have any questions, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Parent/Guardian Printed Name]