Date: [Date]

To: [School Name / School Nurse]

RE: Medical Release to School

Student Name: [Student Full Name]
Date of Birth: [DOB]

To Whom It May Concern,

This letter is to certify that [Student Name] was seen at our clinic on [Date of Visit] for a fever-related illness.

The student has been evaluated and is now cleared to return to school and all school-related activities on [Return Date].

In accordance with standard health protocols, the student has met the following criteria:

- The student has been fever-free for at least 24 hours without the use of fever-reducing medications.
- Symptoms have significantly improved.

If there are any specific restrictions or if you have questions regarding this student's health status, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic Name]
[Clinic Address]
[Clinic Phone Number]