Date: [Date]

To: [School Name] Administration / School Nurse

Subject: Medical Clearance for Return to School

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

To Whom It May Concern,

The above-named student was evaluated at [Urgent Care Clinic Name] on [Date of Evaluation] for head lice (Pediculosis).

The student has undergone the recommended treatment. Upon physical examination today, it has been determined that:

- There are no live lice present.
- The student is no longer considered contagious.

The student is medically cleared to return to school and resume all normal activities effective [Return Date].

If you have any questions or require further information, please contact our office at [Clinic Phone Number].

Sincerely,

[Provider Signature]

[Provider Name and Title]
[Clinic Name]
[Clinic Address/Stamp]