

Date: [Date]

To: [School Name / School Nurse / Administration]

Re: Return to School Clearance

Student Name: [Student Full Name]

Date of Birth: [Student Date of Birth]

Dear School Administration,

This letter is to certify that [Student Name] was evaluated following a seizure event that occurred on [Date of Event].

Based on my clinical assessment, the student is medically cleared to return to school and resume full academic activities effective [Return Date].

Current Management and Restrictions:

- **Physical Activity:** [e.g., Full participation / No contact sports / Restrictions on swimming]
- **Medication:** [e.g., No changes / New dosage / Emergency rescue medication protocols remain the same]
- **Academic Accommodations:** [e.g., None / Frequent breaks / Extended time for testing due to post-ictal recovery]

Please continue to follow the student's existing Individualized Healthcare Plan (IHP) or Seizure Action Plan (SAP). If a new seizure occurs at school, please follow standard emergency protocols and contact the parents/guardians immediately.

If you have any questions regarding this clearance or the student's care, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical Practice/Clinic Name]

[Contact Information]