Date: [Date]

To: [Daycare Center Name / Manager Name]

Re: Medical Clearance for [Child's Full Name]

To Whom It May Concern,

This letter is to certify that [Child's Full Name], born on [Child's Date of Birth], was seen in my office on [Date of Evaluation] for the following illness/symptoms: [Name of Illness or Symptoms].

Based on my evaluation, [Child's Name] is no longer contagious and is medically cleared to return to daycare on [Return Date].

I confirm that the child meets the following criteria for return:

- The child has been fever-free for at least 24 hours without the use of fever-reducing medication.
- Symptoms have significantly improved.
- [Optional: The child has completed 24 hours of antibiotic treatment.]

If you have any questions regarding this clearance, please contact my office at [Phone Number].

Sincerely,

[Signature of Healthcare Provider]
[Printed Name of Healthcare Provider]
[Medical Practice/Clinic Name]
[Address/Stamp]