

**Clinton Community School District
Medical Return to School Form**

Student: _____ Date: _____

Physician: _____

Health System: _____

Phone: _____

Reason for Visit: _____

Return to School Date: _____

Accommodations/Restrictions for School: _____

Medication to be Administered at School:

Name of Medication: _____

Directions for use: _____

Reason for Medication: _____

Possible Side Effects: _____

Date to Discontinue Medication: _____

Physician's Signature: _____

Parent Signature: _____

If you have any questions, please contact the school nurse at a phone number listed below:

High School Phone: 608-676-2223 ext:2102 Fax: 608-676-2904

Middle School Phone: 608-676-2275 ext:3069 Fax: 608-676-5176

Elementary School Phone: 608-676-2211 ext:4019 Fax: 608-676-5717