

# JESUP COMMUNITY SCHOOLS



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## Return to School Note (To be completed by the provider after the crisis assessment)

Student Name \_\_\_\_\_

was seen in my office or E.R. and assessed on \_\_\_\_\_ (date of service).

Student Name \_\_\_\_\_ may return to school  
on \_\_\_\_\_. Please note any referrals or appointments given to the  
student (patient) and/or the family.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is there any medication that will need to be provided during school hours  
or school staff should be aware of? If so, please list:

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Are there any issues or concerns which should be addressed during the re-  
entry meeting with school staff? If so, please explain:

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Release of Information on file?  Yes  No

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_