BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

BONITA UNIFIED SCHOOL DISTRICT
OFFICE OF HEALTH SERVICES

REQUEST FOR RELEASE TO RETURN TO SCHOOL

Student's Name: _____ Date: _____

What is diagnosis? _____

What is prognosis? _____

Date student can return to school: _____

Please indicate by marking X on the appropriate line if student is required to use crutches ____ or other assistive devices: splints _____, slings _____ during school hours.

Date student may return to PE/activity: _____

Any other school program modifications necessary please indicate:

_____

PRINT DOCTOR'S NAME SIGNATURE

_____

ADDRESS/ PHONE NUMBER

RETURN THIS FORM COMPLETED TO THE HEALTH OFFICE

The Bonita Unified School District is an equal opportunity employer and does not discriminate on the basis of any class protected by law.