

NOTIFICATION OF CONTAGIOUS CONDITION

Name _____ Date _____

School _____ Grade/Section _____

Dear parent: Your child appears to have a contagious condition and will not be allowed to return to school until he/she is under treatment and/or has been approved by a health authority for return to school. (Florida Statute 381.031)

____ Conjunctivitis (pink eye) ____ Impetigo ____ Ringworm
____ Scabies ____ Other (Specify) _____

After medical advice has been received, and child has been authorized to return to school, please **RETURN THIS FORM TO THE SCHOOL OFFICE.**

Date

Principal

TO BE COMPLETED BY PHYSICIAN

This child was examined by _____ on _____
(Name of Physician)

His/Her condition is non-contagious or no longer communicable. He/She may return to school.

Findings & Recommendations:

Date

Signature of Physician