



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