Pediatric Clinic
PATIENT EDUCATION HANDOUTS

SCHOOL / DAYCARE EXCUSE

Name of Patient: _____

Name of Parent: _____

Diagnosis: _____

☐ This child was seen in the Pediatric Clinic today with an appointment time of _____.

☐ This child was home for medical problems from _____ to _____.

☐ This child is now able to return to school / daycare and is **not contagious**.

☐ This child may return to school / daycare when afebrile for 24 hours.

☐ This child may return to school / daycare when diarrhea is resolved.

☐ This child may return to school / daycare after 24 hours of antibiotic therapy.

☐ This child received immunizations from the Immunization Clinic today at _____.

Physical education:

☐ This child can participate in all age-appropriate sports and activities, OR

☐ This child should have limited physical activity with the following instructions:

_____

_____

_____

☐ No gym for _____ days.

Thank you,

Physician's Signature _____Date: _____

Pediatric Clinic
Evans Army Community Hospital
719-526-7653