CLARKSVILLE
MONTGOMERY COUNTY
SCHOOL SYSTEM

Clarksville-Montgomery County School System
HEALTH SERVICES
PARENT/GUARDIAN NOTIFICATION
(Illness/Condition)

_____ _____ _____

Student's Name Teacher's Name Date

It is suspected by the school nurse that your child may have:

_____ **Chicken pox**: Healthcare release and/or crusting over of all blisters. No fever without the use of fever-reducing medication for 24 hours.

_____ **Impetigo**: 24 hours of antibiotic therapy and healthcare release.

_____ **Strep Throat:** 24 hours of antibiotic therapy and healthcare release.

_____ **Scabies:** Treatment and healthcare release.

_____ **Conjunctivitis (Pink eye):** Treatment for twenty-four hours with no obvious redness or drainage and/or a healthcare release.

_____ **Ringworm of the scalp:** Anti-fungal medication taken by mouth for 24 hours and healthcare release.

_____ **Ringworm of the body:** Anti-fungal cream and/or release from provider, with the area covered with a bandage prior to return.

_____ **Other communicable condition or disease as follows:** _____. Treatment or return per healthcare provider instructions.

The above listed conditions are highly communicable. In an effort to protect other students, it will be necessary for you to accompany your child to the school nurse in order to provide a healthcare release and/or proof of treatment prior to your child's return to class.

***You may use this form as a healthcare release*:**

_____was seen and treated for _____
(Child name) (condition/illness)

In my opinion, the child stated above may safely return to school after the following date or treatment criteria (please list): _____

_____

_____ _____ _____

Printed name of Healthcare Provider Signature of Healthcare Provider with title Phone number