

# IMMACULATE CONCEPTION SCHOOL

Somerville, NJ  
Return to School

STUDENT'S NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

REASON / ILLNESS WHY STUDENT WAS OUT OF SCHOOL:

---

---

---

**SYMPTOMS:**

COUGH YES NO

SORE THROAT YES NO

STUFFY NOSE YES NO

OTHER (SPECIFY):

---

---

FEVER YES NO

TEMPERATURE \_\_\_\_\_

IF FEVER REDUCING MEDICATION WAS USED, WHAT WAS THE  
LAST DATE \_\_\_\_\_ AND TIME \_\_\_\_\_

STUDENT'S TEMPERATURE ON MORNING RETURNING TO  
SCHOOL \_\_\_\_\_

I \_\_\_\_\_ verify that my child has been free from fever for 24 hours  
without the use of fever reducing medication.

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_