



# BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

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## 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:

\_\_\_\_\_

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\_\_\_\_\_  
PRINT DOCTOR'S NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS/ PHONE NUMBER

**RETURN THIS FORM COMPLETED TO THE HEALTH OFFICE**