



Jackson County Intermediate School District  
Lyle Torrant Center

STUDENT RETURN TO SCHOOL

Please return to:  
Katie Patterson RN/Kate McKinney RN  
Telephone: 517-768-5119  
Fax: 517-787-1932

**This form must be completed by the student's physician and RECEIVED BY THE SCHOOL BEFORE transportation will be restarted. This must be done for any student who has been hospitalized, had surgery or was seen in the emergency room.**

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DIAGNOSIS FROM – Hospitalization, surgery, emergency room visit or serious illness at home:  
\_\_\_\_\_

STUDENT MAY RETURN TO SCHOOL ON: \_\_\_\_\_

ACTIVITY/POSITIONING INSTRUCTIONS/LIMITATIONS:  
\_\_\_\_ NO CHANGE \_\_\_\_ CHANGES: \_\_\_\_\_  
\_\_\_\_\_

SWIM PROGRAM: \_\_\_\_ No change \_\_\_\_ Not to participate at this time  
\_\_\_\_ May participate on: \_\_\_\_\_

OT/PT THERAPY CHANGES: \_\_\_\_\_

MEDICATIONS TAKEN AT SCHOOL:  
\_\_\_\_ NO CHANGES \_\_\_\_ Change school medications to:  
Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_  
Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

TUBE FEEDING/DIETARY INSTRUCTIONS:  
\_\_\_\_ No change  
\_\_\_\_ Change to: \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_