

Clermont County Board of DD  
Thomas A. Wildey School  
P.O. Box 8  
Owensville, Ohio 45160  
(513) 732-7015 Voice  
(513) 732-4950

## RETURN TO SCHOOL FORM

Student's Name: \_\_\_\_\_ Dates Absent: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date student can return to school: \_\_\_\_\_

List any restrictions/limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can student participate in:

Swimming?  Yes  No      Physical Education:  Yes  No

Can student resume previous Physical Therapy Orders?  Yes  No

If **no** list changes in Physical Therapy Prescription: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number