



State of New Jersey  
DEPARTMENT OF EDUCATION  
SUSSEX COUNTY OFFICE



SUSSEX COUNTY  
DEPARTMENT OF ENVIRONMENTAL  
AND PUBLIC HEALTH SERVICES

## RETURN TO SCHOOL NOTE FOR INFLUENZA (FLU) LIKE ILLNESS 2009 - 2010 PANDEMIC PERIOD

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My child has been fever free for 24 hours without the use of **any** medication that has fever reducing ingredients. (Many medications may contain fever reducing ingredients such as ibuprofen and acetaminophen – please read the label and consult with your health care provider or pharmacist if you have any questions.)

Initial Date of Illness (if available): \_\_\_\_\_

Date and time of **last** documented temperature over 100°F:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date and time of **last** dose of any medication with fever reducing ingredients:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**School Nurse Review:**

\_\_\_\_\_ Approved for return to school  
Return Date: \_\_\_\_\_  
\_\_\_\_\_ Denied request to return to school  
Reason: \_\_\_\_\_

School Nurse Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_