



Fort Lee Public Schools

Dear Parent(s)/Guardian(s):

Please have this form completed by your health care provider if your child's medical condition has resolved or the need for medication has been discontinued.

_____ has a history of the following

Print Student Name & Date of Birth

medical condition: _____.

The medical condition has resolved and no medication is needed at this time. However, if the medical condition reoccurs, the student must be re-evaluated and a Medical Form from the physician and medication must be returned to the School Nurse with updated information and treatment.

Signature of Physician

Date

Healthcare Provider Stamp

Signature of Parent/Guardian

Date