



JUST KIDS
an early childhood learning center

Cam-Held Enterprises Inc.
Longwood Road • Middle Island • New York • (631) 924-0008
Mailing Address: P.O. Box 12 • Middle Island, New York 11953

Date: _____

Physician's Stamp:

Physician's Signature: _____

This certifies that _____ was seen by the above Medical
(patient/student name)

professional on _____ regarding an illness/injury/procedure.

He/She may return to school on _____.

This patient/student:

MAY RETURN TO FULL PHYSICAL ACTIVITY.

MAY NOT resume playground or physical activity until _____.

****If the child receives therapeutic services in school (physical, occupational and/or speech) the following must be completed:***

RESUME ALL SERVICES

PT Resume full services Restricted until _____.

OT Resume full services Restricted until _____.

Tabletop services only until _____.

ST Resume full services Restricted until _____.