



**JUST KIDS**  
**an early childhood learning center**  
**Cam-Held Enterprises, Inc.**

Dear Parents or guardians/ Padre O Tutores:

In the event that your child requires hospitalization due to surgery, sutures, staples, skin glue, illness or undergoes any procedure or treatment that requires the use of anesthesia, even if on an outpatient basis, broken or fractured bones or injuries, the Nursing Department requires a written medical clearance from your child's doctor **before they may return to school**. The doctor must specify on this clearance that your child can resume regular school or educational home based services that they can participate in gym and playground activities and for any child that receives physical, occupational and / or speech therapies clearance must be received before your child can resume these services. For your convenience the doctor may use the form below and **fax it to the nursing department (631) 750-0050**. Thank you for your cooperation in this matter, if you have questions please call the nursing department (631) 924-0008.

En caso de que hijo requiera hospitalización debido a: Cirugía, suturas, grapas, pegamento de la piel, enfermedad o se someta a cualquier procedimiento o tratamiento que requiera el uso de anestesia, incluso so se realiza de forma ambulatoria, huesos rotos o fracturados o lesiones, el departamento de Enfermería requiere una autorización médica escrito por del médico de su hijo antes de que puedan regresar a la escuela. El médico debe especificar en esta autorización que su hijo puede reanudar los servicios escolares regulares o en el hogar educativo, que puede participar en actividades de gimnasio y el patio de recreo y cualquier niño que reciba terapia física, ocupacional o del habla debe recibir antes que su hijo puede reanudar estos servicios. Para su conveniencia, el médico puede usar el siguiente formulario y enviarlo por fax al departamento de enfermería (631) 750-0050. Gracias por su cooperación en este asunto. Si tiene alguna pregunta, llame al departamento de enfermería (631) 924-0008.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Rm# \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Reason for Hospitalization/Procedure:

\_\_\_\_\_

\_\_\_ May return to school on: \_\_\_\_\_

\_\_\_ May resume educational home-based services on: \_\_\_\_\_

\_\_\_ May resume the following services: \_\_\_ Gym \_\_\_ Playground \_\_\_ Speech Therapy

\_\_\_ Occupational Therapy ( \_\_\_ Limit to table top activities)

\_\_\_ Physical Therapy (climbing, running, jumping, balance, etc.)

Physician's comments/ recommendations/ goals or restrictions:

\_\_\_\_\_

\_\_\_\_\_

Medical precautions or contraindications:

\_\_\_\_\_

Physician's signature and stamp \_\_\_\_\_ Date: \_\_\_\_\_

Type or printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physician's Stamp
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