



Our Lady of Mercy  
ACADEMY

**RETURN TO SCHOOL NOTE  
FOR INFLUENZA (FLU) LIKE ILLNESSES**

**DATE** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Date and time of LAST documented temperature over 100°**      **DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_

**Date and time of last dose of medication with fever reducing ingredients.**      **DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**SCHOOL NURSE REVIEW:**

\_\_\_\_\_ **Approved for return to school Return Date:** \_\_\_\_\_

\_\_\_\_\_ **Denied request to return to school**

**Reason:** \_\_\_\_\_

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