

RETURN TO PROGRAM FORM
Trumbull County Board of Developmental Disabilities – Fairhaven School
420 Lincoln Way, Niles, OH 44446
Phone: 330-652-5811 Fax – School Office: 330-652-5864

Name: _____ DOB: _____ Date: _____

Student May Return to School: _____

Reason for absence (*Emergency room visit, hospitalization, doctor's visit, dentist's visit, etc.*):

Restrictions/Special Instructions: _____

Medications (*please list if there were any medication changes, i.e. discontinuation of medication, increase in a medication, decrease in a medication, etc.*): _____

If any of the medication listed above is to be given at Fairhaven, please write the exact time they are to be given and attach physician signed orders/forms for prescriptions: _____

List any symptoms or behaviors that should be reported immediately: _____

Additional Comments: _____

Parent/Guardian Signature

Date

Physician Signature

Date & Phone

* *Physician's signature is required for all hospitalizations, ER visits, infectious diseases, sutures, medication changes, etc.*