

CHC LEARNING CENTER
A Program of The Center For Handicapped Children, Inc.
1085 Eggert Road
Amherst, New York 14226
Voice: (716) 831-8422
Fax: (716) 831-8428
Email: info@chcrainbow.com

RETURN TO SCHOOL

Following Surgery/Medical Procedure/or Prolonged Absence Related to Health Concerns

Dear Physician:

_____, _____ may return to school as of _____
(Student's Name) (D.O.B.) (Date)

and may resume all normal activities without restrictions, including Occupational Therapy, Physical Therapy, Speech Language Therapy, and therapeutic feeding/oral motor and tastes program.

If there are any restrictions or changes, please specify below:

Duration:

_____	_____
_____	_____
_____	_____
_____	_____

Physician's Signature: _____

Date

Physician's Office Stamp:

Please fax this Return to School form to (716) 831-8428 as soon as possible. Thank you!