



State of New Jersey  
DEPARTMENT OF EDUCATION  
HUNTERDON COUNTY OFFICE

## RETURN TO SCHOOL NOTE FOR INFLUENZA (FLU) LIKE ILLNESS 2009 - 2010 PANDEMIC PERIOD



**Public Health**  
Prevent. Promote. Protect.  
HUNTERDON COUNTY DEPARTMENT OF HEALTH

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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 (if available): \_\_\_\_\_

Date and time of **last** documented temperature over 100°F:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date and time of **last** dose of any medication with fever reducing ingredients:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**School Nurse Review:**

\_\_\_\_\_ Approved for return to school

Return Date: \_\_\_\_\_

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

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

School Nurse Name: \_\_\_\_\_ Date: \_\_\_\_\_

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