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Columbus, GA 31901



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### Influenza Return to School Form

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

My signature on this form is to notify the school that my child \_\_\_\_\_  
no longer has influenza like symptoms and is no longer infectious to other persons.

This is evidenced because:

- He/she has not had a fever of 100 or more in the last twenty-four hours and has not been given or taken any medicine to keep the fever down or be fever free, such as Tylenol, Motrin, etc.
- Is no longer showing any influenza like symptoms such as coughing, sore throat, headache, runny or stuffy nose, body aches, chills, fatigue, vomiting or diarrhea.

Thank you for allowing my child to return to school.

Respectfully,

Parent Signature: \_\_\_\_\_