

RETURN TO PROGRAM FORM

<input type="checkbox"/> School 330-652-5811 FAX 330-652-5864	<input type="checkbox"/> Niles WS 330-544-0462 FAX 330-652-2743	<input type="checkbox"/> Champion WS 330-847-7275 FAX 330-847-6009	<input type="checkbox"/> Tony Tomaski Ctr 330-652-6168 FAX 330-652-6190
<input type="checkbox"/> Senior's 330-652-1116 / FAX 330-652-1964			

Name: _____ Date: _____

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 or prescriptions: _____

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

Parent/Guardian/Individual/Provider Signature

Date

Physician Signature, Date and Phone Number

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