

# RETURN TO PROGRAM FORM

Trumbull County Board of Developmental Disabilities – Fairhaven School Program  
420 Lincoln Way, Niles, Ohio 44446

School 330-652-5811 FAX 330-652-5864

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

Reason for Absence (Emergency Room Visit, Hospitalization, Doctor's visit, Dentist's visit, etc.)

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Restrictions / Special Instructions: \_\_\_\_\_

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

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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: \_\_\_\_\_

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List any symptoms or behaviors that should be reported immediately: \_\_\_\_\_

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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.