

Big Beaver Falls Area School District

Return to School Excuse Form

Central Elementary

Susan Swanson, RN, CSN, MSN
724-843-7470, ext. 6124
Fax: 724-843-5740

Big Beaver Elementary

Lisa Green, RN, CSN, MSN
724-827-2828, ext. 5201
Fax: 724-827-8453

Middle School and High School

Daya Lindsey, RN, CSN
724-843-7470, AM ext. 1311
PM ext. 1224
HS Fax: 724-843-0892
MS Fax: 724-846-2579

Student's name: _____ DOB: _____ Grade: _____

Date of office visit: _____

This student was evaluated by: _____
(Signature of MD, DO, PA, CRNP)

This student may return to school on: _____
(Date)

Provider's office phone number: _____ Fax number: _____

Please check the appropriate box regarding the student's return to school:

- This student has no activity restrictions.
- This student has the following activity restrictions: (Please list all restrictions below.)

The following medications will be needed at school:

Medication: _____

Dose: _____ Route: _____ Time: _____ Duration: _____

Medication: _____

Dose: _____ Route: _____ Time: _____ Duration: _____

Medication: _____

Dose: _____ Route: _____ Time: _____ Duration: _____

The following instructions for home care were given to the student/family:

