

GRANBURY INDEPENDENT SCHOOL DISTRICT

PREGNANCY RELATED SERVICES - CEHI EXIT FORM

TO WHOM IT MAY CONCERN:

_____ may return to the regular education program
(STUDENT'S NAME)
effective _____.

RESTRICTIONS: *Y___ N ___
(*If yes, indicate days per week and hours per day student is allowed to attend school)

Physician Signature

Physician Name - Printed

Date