United Independent School District
Pregnancy, Education, and Parenting (P.E.P.) Program

Medical Release Form

* A medical release form provided by the district is required for any student to return to school following: prenatal confinement; postpartum confinement before the first day of the fourth week after childbirth; or extended postpartum confinement.

Student Name	Date of Birth	Delivery Date	Campus
_____	_____	_____	_____

The student can return to school and be on campus:

- Specific date(s) _____
- Number of days per week _____
- Number of hours per day _____

Check One:

[ ] **The student is released to a temporary or limited visit to school.**

_____ No limitations, restrictions, or accommodations are necessary for the student mother's safe return to campus.
_____ Limitations, restrictions, and accommodations include: _____
_____

[ ] **The student is released to full time return to school.**

_____ No limitations, restrictions, or accommodations are necessary for the student mother's safe return to campus.
_____ Limitations, restrictions, and accommodations include: _____
_____

If any limitations, restrictions, or accommodations are listed above, provide an ending date: _____

* The information requested in this Medical Release Form is in accordance with the Texas Education Agency, Student Attendance Accounting Handbook, Section IX, Pregnancy Related Services, Section (4-9).

Physician or Nurse Practitioner's Signature	Phone #	Date
_____	_____	_____

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ID #: _____ **Grade:** _____

Received by P.E.P. staff: _____ **Date:** _____

Received by Attendance staff: _____ **Date:** _____

**It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

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