

## Health Policy

### READMISSION AFTER ACCIDENT/INJURY

REQUIRING CAST, CRUTCHES, WHEELCHAIR, STITCHES, ELASTIC BANDAGES, OR SLINGS

Students returning to school with casts, crutches, wheelchair, stitches, elastic bandages, or slings as a result of an accident or injury **must** provide a physician's verification of permission to return to school and may not participate in P.E., noontime activities, recess, or be on the playground before or after school until written release by a physician is received.

Part 1: To be completed by the parent of guardian

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TYPE OF INJURY \_\_\_\_\_

Knowing that the school will assume the usual precautions for the welfare and safety of my child, but realizing that there is always a danger involved with any of the appliances described above when in crowds, I hereby release the school and its personnel from responsibility for any accident which may occur as a result of this temporary disability.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Part 2: To be completed by attending physician

*Student's Diagnosis:* \_\_\_\_\_

I have examined (student's name) \_\_\_\_\_ and consider him/her able to participate in regular school activities with the following recommendations:

*Permission to be in school with: (Please indicate)*

☐ casts    ☐ crutches    ☐ wheelchair    ☐ stitches    ☐ elastic bandages    ☐ slings

*Recommendations for recess: (Please indicate)*

☐ may not participate    ☐ may not participate, but may circulate with peers  
☐ Other: (Please describe)

*Physical Education: (Please indicate)*

☐ may not participate  
☐ may participate with limitations, describe

*Recommendations in effect until:* \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_