LODI UNIFIED SCHOOL DISTRICT

Student Services
Health Division

1305 East Vine Street
Lodi, California 95240-3148
(209) 331-7075 or (209) 953-8075
FAX: (209) 331-7067

Permission to Return to School with Cast, Crutches, Wheelchair or Other Assistive Device

Dear Parent/Guardian/Caretaker:
Following an illness or injury in which a medical device is part of your child's rehabilitation process, this form must be:

1. Completed entirely.
2. Signed by you and your child's physician.
3. Submitted to the school office before your student will be readmitted to school.

- I hereby give permission for my child to use the following assistive device while at school. I understand that the principal or designee may require my child to remain in the office or other supervised area at certain times during the school day if deemed necessary for his/her safety or the safety of others.

Child's Name: _____School: _____Grade: _____
Medical Device-(Please Select): Cast ☐ Crutches ☐ Wheelchair ☐ Other _____

Parent Signature: _____ Date: _____
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Should it rain while your child is using crutches, they cannot come to school unless you sign the waiver below which relieves the school of liability.

- I hereby request that my child be allowed to come to school on crutches even though I understand there are hazards which may result in injury on campus.

Parent Signature: _____ Date: _____
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Physician's Name: _____

- This is to certify that _____was instructed in the safe use of their assistive device and is able to attend school with the following recommendations/restrictions.

_____

Nature of Injury: _____
Date of Injury: _____
Duration of Assistive Device Use: _____

Physician's Address: _____
Physician's Phone #: _____ Fax #: _____
Physician's Signature: _____
Date Signed: _____