Simi Valley Unified School District
Student Support Services 875 E. Cochran St. Simi Valley, CA 93065 805-306-4500

READMISIÓN A CLASES DESPUÉS DE UN ACCIDENTE ● LESIÓN ● CIRUGÍA

QUE REQUIERA YESOS, MULETAS, SILLA DE RUEDAS, SUTURAS, VENDAJES ELÁSTICOS, TABLILLAS, CABESTRILLOS

Los estudiantes que regresan a sus clases con yesos, muletas, silla de ruedas, suturas, vendajes elásticos, tablillas o cabestrillos por resultado de un accidente o lesión **deben** traer verificación de un médico autorizando el regreso a clases. Si un estudiante regresa a clases sin autorización de un médico, favor de pedir la recomendación de la enfermera escolar tocante a la asistencia continua de dicho estudiante hasta que se obtenga verificación de un médico. El estudiante no podrá participar en educación física, actividades del mediodía, recreos, ni le será permitido permanecer en el campo de recreos antes ni después de las clases, hasta que se reciba el permiso por escrito de un médico.

Parte I: A ser llena por los padres o tutores legales

Nombre del estudiante _____ Género _____ F.D.N.:_____

Escuela _____ Grado _____ Maestro(a) _____

FECHA DE LA LESIÓN o CIRUGÍA: _____ TIPO DE LESIÓN o CIRUGÍA: _____

Con el entendimiento de que la escuela tomará las precauciones usuales para el bienestar y seguridad de mi hijo, pero teniendo en mente que siempre hay peligro asociado con cualquiera de los aparatos descritos arriba cuando en la compañía de mucha gente, por la presente descargo la escuela y su personal de toda responsabilidad por cualquier accidente que pueda ocurrir como resultado de este impedimento temporal.

Padres/tutores legales _____ Fecha _____

Part 2: To be completed by attending physician (A ser lleno por el médico)

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)

❑ Cast/Brace ❑ Crutches ❑ Wheelchair ❑ Stitches ❑ Elastic Bandages ❑ Slings

Recommendation for recess: (Please indicate)

❑ May not participate ❑ May not participate, but may circulate with peers ❑ Other

If "Other", please describe: _____

Physical Education: (Please indicate)

❑ May not participate ❑ May participate with the following limitations: _____

Recommendations in effect until: _____

Physician Name: _____ Signature:_____ Date: _____

Address: _____ Phone:_____

RECOMMENDATIONS FOR AND LEGAL REFERENCES GOVERNING READMISSION TO SCHOOL WITH A TEMPORARY DISABILITY DUE TO INJURY, ~~OR~~ ILLNESS OR SURGERY

RECOMMENDATIONS

1. Return from Injury or Illness for General Students

a. "General Students" include all students in general except athletes who suffer a concussion or suspected concussion during athletic activity. (see below, Section 2. Concussion Management for Athletes)

b. A student who suffers a significant injury or illness or is suspected to have suffered a significant injury or illness during a school activity should be immediately removed from the activity for the remainder of the day, and should not be permitted to return to the activity until he or she is evaluated by a licensed health care provider.

1) Broken bone(s);
2) Severe joint sprain, requiring a splint or cast;
3) Muscle strain;
4) Seizure;
5) Heat exhaustion and/or heat stroke;
6) Head Injury/Concussion (see below for athletes);

c. The student should not be permitted to return to school and/or the activity until written clearance and release is received from a licensed health care provider with precautions, recommendations, and/or restrictions.

1) Readmission to School of Student with Temporary Disability or Injury form, or
2) Concussion management form (examples):
   a) Acute Concussion Evaluation (ACE) Care Plan (Centers for Disease Control and Prevention),
      (1) http://www.cdc.gov/concussion/headsup/pdf/ace_care_plan_school_version_a.pdf
   b) Return to Learn Plan/Return to Play Plan (Children's Hospital Los Angeles)

d. Licensed Healthcare Provider

1) Medical doctor (MD) or Doctor of Osteopathy (DO)
2) Nurse Practitioner
3) Physician Assistant

2. Concussion Management for Athletes

a. An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider. (Ed Code, §49475(a)(1))

1) Refer to Section 1.c.2) for example concussion management forms

b. Refer to VCSSFA Best Practices for Concussion Management for more information.

1) http://www.vcssfa.org/RiskControl/BestPractices/tabid/2068/Default.aspx

c. Licensed Health Care Provider for concussions or suspected concussions sustained during extracurricular athletics:

1) The licensed health care provider is to be trained in the management of concussions. (Ed Code, section 49475)
2) For athletes participating in California Interscholastic Federation (CIF) sports, the CIF limits the evaluation to a medical doctor (MD) or doctor of osteopathy (DO). (CIF Bylaw 313)

LEGAL REFERENCES

California Education Code, section 49475.

(a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall comply with both of the following:
(1) An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider who is trained in the management of concussions and is acting within the scope of his or her practice. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from that licensed health care provider.
(2) On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian before the athlete initiates practice or competition.
(b) This section does not apply to an athlete engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220.