ADULT STUDENT READMISSION TO SCHOOL WITH TEMPORARY DISABILITY DUE TO INJURY, ILLNESS OR SURGERY

Name of Student	❑ M ❑ F Sex	Birth Date	Student Identification Number
Name of School		School Program	Teacher/Room Number

Physician or Licensed Healthcare Provider

Licensed Health Care Provider Section

(Medical doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner, or Physician Assistant)

The student named above is under my care. It is necessary for him or her to return to school with a temporary disability due to an injury or illness.

❑ Bone fracture ❑ Joint sprain ❑ Muscle strain ❑ Surgery

❑ Seizure ❑ Heat illness ❑ Concussion ❑ Other _____

1. **Precautions/Recommendations/Restrictions (due to the injury or illness):**

This student is further restricted from: ❑ Operating heavy machinery ❑ Operating welding equipment

❑ Performing salon services ❑ Performing medical procedures ❑ Other: _____

2. **Duration of precautions/recommendations/restrictions in #1 above: _____**

3. **This student has my permission to be in school with:**

❑ cast(s) ❑ crutches ❑ sling ❑ splint/brace ❑ stitches ❑ elastic bandage(s)

❑ wheelchair ❑ Other (please describe) _____

4. **Additional special instructions:**

_____
Signature of Licensed Health Care Provider

Name of Licensed Health Care Provider	Date	License Number
Licensed Healthcare Provider Address		Office Phone

Student

I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this readmission to school with a temporary disability due to injury, illness or surgery. I agree to comply with district rules related to readmission to school with a temporary disability due to injury, illness or surgery. I will immediately notify the school if there are any changes in the temporary disability due to injury or illness.

_____ _____
Student Signature Date

Program Instructor & Administrator

❑ The student listed above can continue the _____ program with ALL of the restrictions, assistive devices, and special instructions listed in #1-4 above.

❑ The student listed above **can not** continue the _____ program at this time with ALL of the restrictions, assistive devices, and special instructions listed in #1-4 above for the following reasons:

_____ _____
Instructor Administrator

Date: _____ Date: _____

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