



Return to School after Illness/Injury

PHYSICIAN OR LICENSED HEALTH CARE PROVIDER

Name of Student

Date of Birth

School

Grade

Authorized Healthcare Provider Section

Diagnosis:

☐ Fracture ☐ Sprain ☐ Strain ☐ Dislocation ☐ Other: _____

Date of Injury/Illness: _____ **Student may return to school on:** _____

Permission to be in school, including recess, physical education, and extracurricular athletics with:

☐ No assistive device
☐ cast ☐ crutches ☐ sling ☐ splint/brace ☐ elastic spots bandage(s) ☐ knee scooter
☐ walker ☐ walking boot ☐ wheelchair ☐ sutures ☐ other _____

Recommendations for Recess:

☐ May participate ☐ May not participate ☐ May not participate, but may circulate with peers

Recommendations for Physical Education:

☐ May participate ☐ May not participate ☐ May not participate, but may circulate with peers

Recommendations for Extracurricular Activities:

☐ May participate ☐ May not participate ☐ May not participate, but may circulate with peers

Above recommendations to be in effect until (date): _____

Comments/Additional special instructions: _____

Signature of Healthcare Provider

Date

Office Stamp

Name of Healthcare provider

Office Telephone

Parent or Legal Guardian Section

Please refer to the recommendations for and Legal References governing the readmission to school with temporary Precautions/Recommendations/Restrictions due to injury or illness on the reverse side of this form.

I hereby give consent for a school nurse (or designee) to communicate with my child's Healthcare Provider and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the Local Educational Agency 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 temporary Precautions/Recommendations/Restrictions due to injury, illness or surgery, to comply with Local Educational Agency rules related to readmission to school with temporary precautions/recommendations/restrictions due to injury, illness or surgery.

I will immediately notify the school if there are any changes in the temporary Precautions/Recommendations/Restrictions due to injury or illness of my child.

Signature of Parent or Legal Guardian

Date

Home/Mobile Telephone

Work Telephone

Name of Parent or Legal Guardian (please print)

PARENT OR LEGAL GUARDIAN

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Signature of Healthcare Provider

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Office Stamp

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Sección de Padres o Tutores Legales

Favor de consultar las recomendaciones y referencias legales que rigen la readmisión a la escuela con precauciones/recomendaciones/restricciones temporales debido a lesión o enfermedad de mi hijo/a en el reverso de este formulario.

Por este medio doy mi consentimiento para que la enfermera de la escuela (o la persona designada) se comuniquen con el proveedor de atención médica de mi hijo/a y aconseje al personal de la escuela según sea necesario con respecto a la salud de mi hijo/a. Estoy de acuerdo, y por la presente eximo de responsabilidad a la Agencia Educativa Local y a sus empleados de cualquier reclamo, demanda, causa de acción, responsabilidad o pérdida de cualquier tipo, debido a o que surja de actos u omisiones con respecto a esta readmisión a la escuela con precauciones/recomendaciones/restricciones temporales debido a una lesión, enfermedad o cirugía. Estoy de acuerdo en cumplir con las reglas de la Agencia Educativa Local relacionadas con la readmisión a la escuela con precauciones/recomendaciones/ restricciones temporales debido a una lesión, enfermedad o cirugía.

Notificaré inmediatamente a la escuela si hay algún cambio en las precauciones/recomendaciones/ restricciones temporales debido a una lesión o enfermedad de mi hijo/a.

Signature of Parent or Legal Guardian

Date

Home/Mobile Telephone

Work Telephone

Name of Parent or Legal Guardian (please print)

PARENT OR LEGAL GUARDIAN