

GREAT NECK PUBLIC SCHOOLS

Health Services

*Assistive Device Note - Parent*

To Whom It May Concern:

I acknowledge that my child: \_\_\_\_\_,

Class: \_\_\_\_\_ was injured on \_\_\_\_\_.

**I felt that the injury did not require medical attention.** The: Splint / Ace Wrap / Air Cast / Sling / Cane / Etc., has been removed and I now give my permission for my child to resume full activity.

Thank You,

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's DATE