CHERRY HILL PUBLIC SCHOOLS
CRUTCH/WHEELCHAIR/SCOOTER RELEASE

Date: _____

Student's Name: _____ Date of Birth: _____

School: _____ Grade:_____

My child sustained an injury or underwent a procedure that requires the short term use of one or more of the following:

- ❑ Crutches
- ❑ Wheelchair
- ❑ Motorized Scooter

- I request that my child be admitted to school and permitted to use the above device(s) as per the healthcare provider's written request.
- I acknowledge that physical hazards may be encountered in school by my child while using the above device(s). My child has been instructed by their doctor's office in the proper use and I release the school district/staff from any liability.
- I recognize that it is the responsibility of the parent/guardian to provide and maintain the device(s) and that the school district will not be responsible for any damage to the device(s) while on school grounds.
- I understand that I will be contacted should my child use the device(s) in an unsafe manner that would jeopardize their safety or the safety of others.
- I understand that my child is not permitted to share the device(s) with others.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Signature: _____

Revised 4/2020 *** Attach healthcare provider's note