

CLARKSTOWN CENTRAL SCHOOL DISTRICT

Health Services

CRUTCHES PERMISSION FORM FOR ELEMENTARY SCHOOLS

Date

A. Parent Certification:

Please allow my child, _____,
Student Name
_____ to use crutches in school, as per Dr. _____,
Date of Birth
(see note attached).

My child has been instructed in the proper use of crutches and I hereby release and hold harmless the District from any and all liability, loss, damages, claims or actions (including costs and attorney fees) for any injury, permissible by law, arising from the use of these crutches while in the District. Furthermore I confirm that my child has been instructed that the crutches are for their use only and are to be used only as an aid for walking.

Parent/ Guardian Signature: _____

Parent Telephone #: _____

Student Signature: _____

Date: _____

B. Doctor/ Health Care Provider Certification – Complete below or attach doctor's note/orders.

Please allow _____ to use crutches in school until further notice. He/she has been instructed in their use.

This is to confirm that no physical education classes are permitted until further notice due to the following injury: _____.

The follow-up/reevaluation date is scheduled for: _____.

Doctor/Health Care Provider Name: _____

Doctor/Health Care Provider Telephone #: _____

Office Stamp