BLAIR ACADEMY | CENTER FOR HEALTH & WELL-BEING
2 PARK STREET BLAIRSTOWN, NEW JERSEY 07825 | TEL: 908-362-2010 | FAX: 908-362-7885

BLAIR ACADEMY READMISSION TO SCHOOL OF STUDENT WITH TEMPORARY DISABILITY DUE TO INJURY, ILLNESS OR SURGERY

1. STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____

2. PHYSICIAN OR LICENSED HEALTH CARE PROVIDER SECTION To be completed by Health Care Provider

This 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
- ☐ Heat Illness
- ☐ Seizure
- ☐ Concussion (returning after being off campus for 24 hours with parent/guardian and seen by outside provider during that time).
- ☐ Surgery
- ☐ Other _____

Precautions/Recommendations/Restrictions due to injury, surgery, illness:

_____

_____

Duration: _____

A. PERMISSION TO BE IN SCHOOL

☐ This student has my permission to be in school with:

- ☐ Cast(s)
- ☐ Crutches
- ☐ Sling
- ☐ Splint/brace
- ☐ Stitches
- ☐ Elastic bandage(s)
- ☐ Wheelchair

☐ How long will the student need to wear or use any of the above listed? _____

☐ **CPM/ICE MACHINE:** In addition to the requirements for readmittance, any student needing to use such equipment; the following shall apply: _____

- Health Care Provider must provide orders for use and duration of use of CPM machine and Ice machine.
- Parent or Legal Guardian are responsible for supplying the CPM and/or Ice machine for their student.
- Student shall be responsible for settings and calibration of CPM and Ice machine as prescribed by their healthcare provider.
- Student will be provided accommodations in the Health Center to use said equipment.
- Ice will be made available for use by the student for Ice machine in the Health Center.
- Student will self-adjust and administer the CPM/Ice machine as per healthcare provider's instructions.
- Student is not permitted to use CPM and/or Ice machine in their dormitory.
- Student is responsible for ensuring that they are using the CPM/Ice machine as directed by their healthcare provider for the prescribed amount of time.
- The Health Center will keep a record of student's time in the Health Center while using the CPM/Ice machine.

☐ Other (please describe) _____

☐ Will the student need the use of elevators?_____

B. SPECIFIC RECOMMENDATIONS FOR ATHLETICS & EXTRACURRICULAR ACTIVITIES

☐ This student may participate in Athletics and extracurricular activities subject to the above precautions

☐ This student may **NOT** participate in Athletics and /or extracurricular activities

C. ADDITIONAL SPECIAL INSTRUCTIONS/LIMITATIONS/RESTRICTIONS

_____

_____

_____

Signature of Physician/Health Care Provider *Date*

_____

Name of physician (please print) *License Number* *Office Telephone*

Office Stamp of Physician/Health Care Provider (name/address/phone)

3. PARENT OR LEGAL GUARDIAN

I give consent for the Blair Academy Health Center or designee to communicate with my child's health care provider and to counsel school personnel as needed with regard to my child's health. I agree to and hold the school 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 the policy related to readmission to school with a temporary disability due to injury or illness of my child. I agree to immediately notify Blair Academy if there are any changes in the temporary disability due to injury or illness of my child.

_____

Signature of Parent or Legal Guardian *Print Name of Parent or Legal Guardian* *Date* *Telephone Number*

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To return to Blair Academy after extended illness, orthopedic injury, surgery and/or stitches, a student must provide a complete, written professional evaluation of the student's current mental health and or medical condition from the physician, psychiatrist, surgeon or other medical professional who provided treatment for the student.

Blair Academy may require further evaluation by a health care provider or mental health consultant of their choosing. The policy for returning to Blair after extended illness, orthopedic injury, surgery and/or stitches will be based on the principles that the student can return safely; that the student's return to the school will not compromise the student's ongoing recovery, will not interfere with the schools' ability to serve other students' needs or place an undue burden on the school.

The decision regarding any student's return to school after a medical leave remains at the discretion of the Health Center and the Blair Academy Administration. In addition, a student whom the school determines can safely participate in attending classes during the school day may be restricted from participation in overnight field trips or other boarding school activities. The decision regarding return will be communicated to the student and parents by the Associate Head of School. If Academic Accommodations are required, the Dean of Academics will be advised of request.

According to the American Academy of Pediatrics (AAP), two criteria warrant a note from your Health Care Provider (HCP) when your children return to school following extended illness, orthopedic injury, surgery, and/or stitches: (1) when there is a question about the implication of a diagnosis for the others in school, and (2) when there is a question about a care plan for a child who may require special accommodations such as an excuse from Physical Education (AAP, 2009).

EXTENDED ILLNESS

- The Health Center will ask for a note from your Health Care Provider when there is a question about: (1) the implication of a diagnosis for the others in school (for example, is the child contagious?) and/or (2) a care plan for a child who may require special accommodations.

ORTHOPEDIC INJURIES AND ORTHOPEDIC DEVICES (including, but not limited to, casts, braces, splints, crutches)

- A note from your Health Care Provider or Surgeon is required.
- The Health Care Providers note will advise the Health Center as to the progression of activity allowed after an orthopedic injury.
- Carefully monitoring physical activity lessens the chance of re-injury and assures that your children will be able to perform at their best when they return to full activity (AAOS, 2007).
    - The cast/splint must be protected from damage so it can hold injured bones in place during healing (AAOS, 2011). For this reason, students who are wearing casts or splints will be excused from Physical Education/Athletics.

SURGERY AND/OR STITCHES

- A note from your Health Care Provider is warranted.
- Students with stitches will be excused from Physical Education / Athletics until the stitches are removed.
- Limiting movement of the area around the incision improves healing. Carefully monitoring physical activity after surgery reduces the chance of pulling apart stitches (AAFP, 2010).

READMITTANCE OF STUDENT WEARING BRACES, CASTS OR USING CRUTCHES

Please notify the J. Brooks Hoffman Health Center if your child is ***hospitalized, scheduled for surgery or returning to school after surgery***. You will be asked for a Health Care Provider's note prior to your child being returned to school following a hospitalization, surgery and/or if your child has been absent from school for a period of three days or more. The health care providers note must include the reason for absence and restrictions if any.

- Students wearing braces, casts or using crutches, wheelchairs, and the like shall be permitted to attend school only on written permission of the health care provider that rendered care and/or surgery and is in charge of the case.
- If the Administration determines that the school environment constitutes too great a hazard, the student may be declined re-admittance. Please refer to the Policy for returning students after extended illness, orthopedic injury and/or stitches.

Students who are required to temporarily use assistive devices at school such as casts, splints, canes, walkers, crutches, wheelchairs, etc. are required to have their the health care provider that rendered care and/or surgery complete the **Blair Academy Readmission to School of Student with Temporary Disability due to Injury, Illness or Surgery. This form must be sent** to the Director of Health Services or her designee that states the necessity of the students' use of the device, any restrictions and length of time that the restrictions and devices will be necessary.

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