



Orthopedic Medical/Equipment Orders

All assistive devices, to include but not limited to, ace bandages, braces, splints, casts, and crutches must have a note from a Healthcare Provider in order to return to school. Students with casts and crutches will not be allowed to actively participate in PE activities because of potential danger to the student and others.

Student's Name: _____

DOB: _____

Diagnosis: _____

Release to return to school on (date): _____

ORTHOPEDIC EQUIPMENT AT SCHOOL:

Please check and/or comment on the following, as applicable:

☐ External support: ☐ Wheelchair ☐ Crutches ☐ Walker ☐ Other ☐

Weight bearing status: ☐ Non-weight bearing ☐ Partial weight bearing ☐ Weight bearing as tolerated ☐ Full weight bearing

☐ Immobilization: ☐ Length of time in cast/device: _____

☐ PE Restrictions: _____

☐ Follow-up evaluation in: _____

Additional Equipment, Comments/Concerns: _____

The District Nurse may contact the prescribing physician to clarify the above orders in order to accommodate the student's needs. Changes in student ability may require renewal of these written instructions.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Telephone: _____

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