



**Bentonville Schools - Health Services**

**Admittance of Pupils with Ace Bandages, Sutures, Braces, Casts, Crutches, Wheel Chairs, and other Ambulatory Assistive Devices**

Dear Parent of Guardian,

School district procedures regarding the admittance to school of pupils with ace bandages, sutures, braces, casts, crutches, wheelchairs, and other ambulatory assistive devices.

Children wearing braces, casts or using crutches, wheel chairs, and the like, shall be permitted to attend school only on written permission of the physician in charge of the case.

Please have your child’s physician complete the information below.

\_\_\_\_\_

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

**May return to school with:** \_\_\_Ace Bandage \_\_\_Suture \_\_\_Brace \_\_\_Cast \_\_\_Crutches \_\_\_Wheel chair

\_\_\_ Other device: \_\_\_\_\_

**May return to school on** \_\_\_\_\_ **Duration of limitation** \_\_\_\_\_

**Recommendation for activities (Recess/Physical education restrictions)** \_\_\_\_\_

\_\_\_\_\_

**Physician’s Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to return to school under the conditions described above. I also give permission for the school nurse to confer with the physician.

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**School Nurse Signature** \_\_\_\_\_ **Date of Elevator Pass** \_\_\_\_\_