



**Student Services
Health Division**

1305 East Vine Street
Lodi, California 95240-3148
(209) 331-7075 or (209) 953-8075
FAX: (209) 331-7067

Temporary Assistive Device Form Due to Injury, Illness, or Surgery

Dear Parent/Guardian:

Lodi Unified School District recognizes that occasionally students may need the use of assistive devices such as crutches, wheelchairs, casts, walking boot, etc. in order to attend school. There is potential risk, not only to the student but to others if this equipment is not used properly or if steps are not taken to ensure safe use while on campus.

To ensure school staff can evaluate your child's needs when returning to school after an illness or injury, and to ensure their safety as they recover, you and your student must check in at the school office prior to re-integrating onto campus.

Before your child can be readmitted to class:

1. Complete entire form
2. Present documentation from a physician that includes the following:
 - a. Authorization to use the assistive device
 - b. Diagnosis and duration of the use of the assistive device, restrictions, and/or recommendations
 - c. Anticipated length of time the student will be excused from PE and/or recess, if applicable
 - d. Confirmation the student has received training/instruction in the use of the assistive device

Students who have not submitted the above may be provided a work packet to complete at home or in the school office temporarily.

Child's Name: _____ School: _____ Grade: _____

Medical Device(s) Assigned by Doctor: _____

I understand that the principal or designee may require my child to remain in the office or other supervised area at certain times during the school day if deemed necessary for their safety or the safety of others.

I understand that Lodi Unified School District will assume the usual precautions for the welfare and safety of my child but realize that there is always a danger involved with any of the assistive devices listed above when in crowds or atmospheric conditions.

I agree and hereby hold the District 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 reintegration to school with a temporary disability due to injury, illness or surgery.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Notes (Office use Only):