READMISSION TO SCHOOL OF STUDENT
WITH TEMPORARY PRECAUTIONS/RECOMMENDATIONS/RESTRICTIONS

PHYSICIAN OR LICENSED HEALTH CARE PROVIDER

1. Student Information

Name of Student _____ Birth Date _____ Student Identification Number _____

Name of School _____ Grade _____ Teacher/Room Number _____

2. Physician or Licensed Health Care Provider Section

The student named above is under my care. It is necessary for him or her to return to school with temporary Precautions/Recommendations/Restrictions due to an injury or illness.

❑ Bone fracture ❑ Joint sprain ❑ Muscle strain ❑ Surgery

❑ Seizure ❑ Heat illness ❑ Concussion ❑ Other _____

Precautions/Recommendations/Restrictions due to the injury or illness _____

_____

Duration: _____

a. Permission to be in school:

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

❑ cast(s) ❑crutches ❑ sling ❑ splint/brace ❑ elastic sports bandage(s) ❑ knee scooter

❑ walker ❑ walking boot ❑ wheelchair ❑ Other (please describe) _____

b. Permission to be in recess, physical education class, and/or extracurricular athletics with:

❑ cast(s) ❑crutches ❑ sling ❑ splint/brace ❑ elastic sports bandage(s) ❑ knee scooter

❑ walker ❑ walking boot ❑ wheelchair ❑ Other (please describe) _____

❑ This student may participate in recess activities, subject to the above precaution(s).

❑ This student **may not** participate in recess activities.

❑ This student may participate in physical activities during physical education class, subject to the above precaution(s).

❑ This student **may not** participate in physical activities during physical education class.

❑ This student may participate in physical activities of extracurricular athletics, subject to the above precaution(s).

❑ This student **may not** participate in physical activities of extracurricular athletics.

Stamp physician name/address below:

Additional special instructions _____

Signature of Physician _____ Date _____

Name of Physician (please print) _____ License Number _____ Office telephone _____

PARENT OR LEGAL GUARDIAN

3. Parent or Legal Guardian Section

Please refer to Recommendations for and Legal References governing the readmission to school with temporary Precautions/Recommendations/Restrictions due to injury or illness on the reverse side of this form.

I hereby give consent for a school nurse (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 do hereby hold the Local Educational Agency 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 temporary Precautions/Recommendations/Restrictions due to injury, illness or surgery. I agree to comply with Local Educational Agency rules related to readmission to school with temporary precautions/recommendations/restrictions due to injury, illness or surgery.

I will immediately notify the school if there are any changes in the temporary Precautions/Recommendations/Restrictions due to injury or illness of my child.

Signature of Parent or Legal Guardian _____ Date _____ Home/Mobile Telephone _____ Work Telephone _____

Name of Parent or Legal Guardian (please print) _____

Legal References: California Education Code section 49475

Original – Local Educational Agency Copy – Parent or Legal Guardian Copy – Physician or Licensed Health Care Provider

SFA 5110 Rev 6/15/2021

RECOMMENDATIONS AND REQUIREMENTS FOR READMISSION TO SCHOOL WITH A TEMPORARY PRECAUTIONS/RECOMMENDATIONS/RESTRICTIONS

1. Return from General Injury or Illness

a. "General Injury or Illness" include all injuries or illness in general except a concussion or suspected concussion or sudden cardiac arrest or suspected sudden cardiac arrest, or symptoms of heat illness suffered during athletic activity. (see below, Section 2, Special Precautions for Concussion, Sudden Cardiac Arrest, and Heat Illness Management for Athletes)

b. Licensed Healthcare Provider (moved up from below)

1) Medical doctor (MD) or Doctor of Osteopathy (DO)

2) Nurse Practitioner

3) Physician Assistant

4) For athletes participating in California Interscholastic Federation (CIF) sports, the CIF limits the evaluation of concussion or sudden cardiac arrest to a medical doctor (MD) or doctor of osteopathy (DO). (CIF Bylaw 503)

c. Students injured outside of school

1) Students who come to school with a cast, crutches, sling, splint/brace, elastic sports bandage(s), knee scooter, walker, walking boot, and/or wheelchair without documentation from a healthcare provider should be held in the school health office until clarification can be obtained from the healthcare provider, after obtaining parent/guardian permission.

2) Students who come to school in a elastic sports wrap without documentation from a healthcare provider may be held from recess, physical education class, and/or extracurricular athletics at the discretion of a credentialled school nurse or school administrator and/or until clarification can be obtained from the parent, guardian, and/or healthcare provider.

d. A student who suffers a significant injury or illness or is suspected to have suffered a significant injury or illness during a school activity (including, but not limited to, recess, physical education, athletics, dance, marching band) should be immediately removed from the activity for the remainder of the day, and should not be permitted to return to the activity until he or she is evaluated by a licensed health care provider.

1) Broken bone(s);

2) Severe joint sprain, requiring a splint or cast;

3) Muscle strain;

4) Seizure;

5) Heat exhaustion and/or heat stroke;

6) Head Injury/Concussion (see below for Concussion Management for Athletes);

7) Passing out or fainting (see below for Sudden Cardiac Arrest for Athletes).

e. The student should not be permitted to return to school and/or the activity until written clearance and release is received from a licensed health care provider with precautions, recommendations, and/or restrictions.

1) Note from the Licensed Healthcare Provider, or

2) Readmission to School of Student with Temporary Precautions/Recommendations/Restrictions form (SFA 5110)

2. Special Precautions for Concussion, Sudden Cardiac Arrest, and Heat Illness Management for Athletes

a. Scope

1) Concussion, head injury or suspected concussion sustained during athletic activity.

2) Sudden cardiac arrest, passing out, or fainting during or immediately following an athletic activity.

3) Heat Illness (required for CIF athletics only; recommended for others) during or immediately following an athletic activity.

b. An athlete who is suspected of sustaining an injury or illness listed above in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider.

1) Written clearance for CIF athletes is limited to a medical doctor (MD) or doctor of osteopath (DO).

c. References: California *Education Code*, section 49475, section 33479.5, CIF Bylaw 503.K.

d. Refer to VCSSFA Best Practices for more information regarding concussion and cardiac arrest.

1) http://www.vcssfa.org/Risk-Management