

School Participation Following Injury/Illness

Name of S	Student	Date	of Birth	School	Grade
	Authorize	d Healthcare	Provider Sec	tion	
Diagnosis: ☐ Fracture ☐ Spra	in Strain	☐ Dislocat	ion \Box	Other	
□ Fracture □ Spra	iii 🗀 Suaiii	□ Disiocat	ion 🗆	Ouler.	
Date of Injury/Illness:		Student may	return to schoo	on:	
Permission to be in school, i	ncluding recess, ph	ysical education	n, and extracurr	cular athle	tics with:
☐ No assistive device ☐ cast ☐ crutches	-	-	☐ elastic spots \		☐ knee scooter
☐ walker ☐ walking boot Recommendations for Recess: ☐ May participate	☐ wheelchair ☐ ☐ May not participa				y circulate with peers
Recommendations for Physica May participate	l Education: ☐ May not participa	te	☐ May not parti	cipate, but ma	ny circulate with peers
Recommendations for Extracu	rricular Activities: May not participa	te	☐ May not parti	cipate, but ma	y circulate with peers
Above recommendations to be	in effect until (date):				
Comments/Additional special i					
Comments/Additional special i	nstructions:				
Comments/Additional special i	nstructions:				
Comments/Additional special i	Date Office	Telephone		(Office Stamp
Signature of Healthcare Provider Name of Healthcare provider Parent or Legal Guardian Section Please refer to the recommendations for a injury or illness on the reverse side of this I hereby give consent for a school nurse (chealth. I agree to, and do hereby hold the because of or arising out of acts, or omiss to comply with Local Educational Agency	Date Office Odfice Odfice	Telephone In the readmission to so with my child's Health dits employees harmle mission to school with to school with tempora	hool with temporary Pre care Provider and to cour ss for any and all claims, emporary Precautions/Re try precautions/recommen	cautions/Recomm sel school person demands, causes commendations/I dations/restrictio	pendations/Restrictions due to nel as needed with regard to my of action, liability or loss of any in the second constant of the second
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Date of Injury/I	llness:		Student may	return to sch	ool on:		
Permission to be	e in school, includ	ing recess, physi	cal education,	, and extracu	rricular atl	letics with:	
	rutches 🗆 sl	ing □ spl:		_		☐ knee scoo	oter
Recommendations May participate		ay not participate		☐ May not p	articipate, but	may circulate w	ith peers
Recommendations May participate	s for Physical Educate	ation: ay not participate		☐ May not p	articipate, but	may circulate w	ith peers
D	6 F 4	r Activities					
☐ May participate	s for Extracurricula E	ay not participate		☐ May not p	articipate, but	may circulate w	ith peers
☐ May participate	_	ay not participate			•	·	ith peers
☐ May participate Above recommend	e \square M	ay not participate					ith peers
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May participate Above recomment Comments/Additi Signature of Healthcare Name of Healthcare pr Sección de Padres o Tu Favor de consultar las re al reverso de este formul Por este medio doy mi co de la escuela según sea n cualquier reclamo, dema precauciones/recomenda con la readmisión a la es	dations to be in effe onal special instruc e Provider ovider tores Legales	Date Office Tele ias legales que rigen la re enfermera de la escuela (salud de mi hijo/a. Estoy onsabilidad o pérdida de orales debido a una lesión comendaciones/ restriccio	ephone (o la persona designa) de acuerdo, y por la cualquier tipo, debid n, enfermedad o cirug ones temporales debi	a con precauciones da) se comunique o presente eximo de lo a o que surja de a zía. Estoy de acuero do a una lesión, en	/recomendacione on el proveedor de responsabilidad a actos u omisiones do en cumplir con fermedad o cirugi	Office Stamp s/restricciones tempor e atención médica de la Agencia Educativ. con respecto a esta re las reglas de la Agen a.	mi hijo/a mi hijo/a a Local y a admisión acia Educat
May participate Above recomment Comments/Additi Signature of Healthcare Name of Healthcare pr Sección de Padres o Tu Favor de consultar las re al reverso de este formul Por este medio doy mi co de la escuela según sea n cualquier reclamo, dema precauciones/recomenda con la readmisión a la es	dations to be in effectional special instructional special spe	Date Office Tele ias legales que rigen la re enfermera de la escuela (salud de mi hijo/a. Estoy onsabilidad o pérdida de orales debido a una lesión comendaciones/ restriccio	ephone (o la persona designa) de acuerdo, y por la cualquier tipo, debid n, enfermedad o cirug ones temporales debi	a con precauciones da) se comunique o presente eximo de lo a o que surja de a zía. Estoy de acuero do a una lesión, en	/recomendacione on el proveedor de responsabilidad a actos u omisiones do en cumplir con fermedad o cirugi	Office Stamp s/restricciones tempor e atención médica de la Agencia Educativ. con respecto a esta re las reglas de la Agen a.	mi hijo/a mi hijo/a a Local y a admisión acia Educat