



## School Participation Following Injury/Illness

PHYSICIAN OR LICENSED HEALTH CARE PROVIDER

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Grade*

### Authorized Healthcare Provider Section

#### Diagnosis:

☐ Fracture    ☐ Sprain    ☐ Strain    ☐ Dislocation    ☐ Other: \_\_\_\_\_

**Date of Injury/Illness:** \_\_\_\_\_ **Student may return to school on:** \_\_\_\_\_

#### Permission to be in school, including recess, physical education, and extracurricular athletics with:

☐ No assistive device  
☐ cast    ☐ crutches    ☐ sling    ☐ splint/brace    ☐ elastic spots bandage(s)    ☐ knee scooter  
☐ walker    ☐ walking boot    ☐ wheelchair    ☐ sutures    ☐ other \_\_\_\_\_

#### Recommendations for Recess:

☐ May participate    ☐ May not participate    ☐ May not participate, but may circulate with peers

#### Recommendations for Physical Education:

☐ May participate    ☐ May not participate    ☐ May not participate, but may circulate with peers

#### Recommendations for Extracurricular Activities:

☐ May participate    ☐ May not participate    ☐ May not participate, but may circulate with peers

**Above recommendations to be in effect until (date):** \_\_\_\_\_

**Comments/Additional special instructions:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Healthcare Provider**

\_\_\_\_\_  
**Date**

Office Stamp

\_\_\_\_\_  
**Name of Healthcare provider**

\_\_\_\_\_  
**Office Telephone**

### Parent or Legal Guardian Section

Please refer to the 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 Healthcare 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, 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)**

PARENT OR LEGAL GUARDIAN



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Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

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#### Recommendations for Recess:

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#### Recommendations for Extracurricular Activities:

☐ May participate    ☐ May not participate    ☐ May not participate, but may circulate with peers

Above recommendations to be in effect until (date): \_\_\_\_\_

Comments/Additional special instructions: \_\_\_\_\_

\_\_\_\_\_

Signature of Healthcare Provider

Date

Office Stamp

Name of Healthcare provider

Office Telephone

### Sección de Padres o Tutores Legales

Favor de consultar las recomendaciones y referencias legales que rigen la readmisión a la escuela con precauciones/recomendaciones/restricciones temporales debido a lesión o enfermedad al reverso de este formulario.

Por este medio doy mi consentimiento para que la enfermera de la escuela (o la persona designada) se comunique con el proveedor de atención médica de mi hijo/a y aconseje al personal de la escuela según sea necesario con respecto a la salud de mi hijo/a. Estoy de acuerdo, y por la presente eximo de responsabilidad a la Agencia Educativa Local y a sus empleados cualquier reclamo, demanda, causa de acción, responsabilidad o pérdida de cualquier tipo, debido a o que surja de actos u omisiones con respecto a esta readmisión a la escuela con precauciones/recomendaciones/restricciones temporales debido a una lesión, enfermedad o cirugía. Estoy de acuerdo en cumplir con las reglas de la Agencia Educativa Local relacionadas con la readmisión a la escuela con precauciones/recomendaciones/restricciones temporales debido a una lesión, enfermedad o cirugía.

Notificaré inmediatamente a la escuela si hay algún cambio en las precauciones/recomendaciones/restricciones temporales debido a una lesión o enfermedad de mi hijo/a.

Signature of Parent or Legal Guardian

Date

Home/Mobile Telephone

Work Telephone

Name of Parent or Legal Guardian (please print)

PARENT OR LEGAL GUARDIAN