



School Participation Following Injury/Illness

Participación y Seguimiento de la Escuela a la Lesión y/o Enfermedad

Student Name _____ **Date of Birth** _____

Nombre del Estudiante

Fecha de Nacimiento

School _____

Nombre de la Escuela

Diagnosis _____ **Date of Injury/Illness** _____

The above-named student may return to school on _____

Student will return to school with: No Assistive Device

Wheelchair Cast Crutches Walking Boot Brace Sutures Walker Sling

Elastic Bandage Splint Stitches/Tissue Adhesive Other _____

I have examined the above named student and consider him/her able to participate in regular school activities with the following recommendations:

Recommendations for Outdoor Activities: *May participate* *May not participate*

May not participate, but may circulate with peers *Other* _____

May participate, but with limitations (please describe): _____

Above recommendations to be in effect until (date) _____

Comments/Additional Instructions: _____

Authorized Health Care Provider Signature _____

Authorized Health Care Provider Name (print clearly) _____

Telephone _____ **Date** _____

Office Stamp

I give my permission for my child (name) _____ to return to school under the conditions described above. I give permission for the RSCCD Nurse to exchange health-related information with the authorized health care provider.

Doy mi permiso para que mi hijo(a) (nombre) _____ regrese al a escuela bajo las condiciones descritas anteriormente. Doy permiso para que la Enfermera de RSCCD intercambie información sobre salud con el proveedor de salud autorizado.

Parent/Guardian Signature _____ **Date** _____