

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

**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.

- |  |                                       |  |                                      |
|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Bone fracture | <input type="checkbox"/> Joint sprain | <input type="checkbox"/> Muscle strain | <input type="checkbox"/> Surgery     |
| <input type="checkbox"/> Seizure       | <input type="checkbox"/> Heat illness | <input type="checkbox"/> Concussion    | <input type="checkbox"/> 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     knee scooter     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
- 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.

Additional special instructions \_\_\_\_\_

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

Stamp physician name/address below:

**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 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 readmission to school with temporary Precautions/Recommendations/Restrictions due to injury, illness or surgery. I agree to comply with district 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) _____			

PHYSICIAN OR LICENSED HEALTH CARE PROVIDER

PARENT OR LEGAL GUARDIAN