

LAS VIRGENES UNIFIED SCHOOL DISTRICT

**PERMISSION TO ATTEND SCHOOL WITH CAST,
CRUTCHES, SUTURES OR OTHER MEDICAL APPLIANCE**

Dear Parents:

This form is to be completed and signed by you and your family physician prior to readmitting your student to school following an illness or injury in which a medical appliance is part of the rehabilitation process.

I hereby give my permission for my child _____

to attend _____ school. Grade/Room _____

with _____ cast, _____ crutches, _____ sutures, or _____
(please indicate which)

I understand that there are inherent risks in having my youngster attend school with the above listed condition(s). I hereby release and hold harmless the Las Virgenes Unified School District, its employees, or volunteers from any and all liability for difficulties or further injury to my child that may result from routine activities of the school and are not the result of negligence.

I understand that the principal or designee may require my child to remain in the office or other supervised area at certain times during the school day if deemed necessary for his/her safety or the safety of others:

Signature of Parent or Guardian

Date

PHYSICIAN

This is to certify that _____ is able to attend school with
(Name of student)

the following recommendations. (If none, indicate none.)

Nature of Injury: _____

Date of injury: _____ Expected length of treatment: _____

Date

Physician's Signature

Address

Telephone Number