READMISSION TO SCHOOL OF STUDENT WITH TEMPORARY DISABILITY OR INJURY

(i.e., student with a wheelchair, limb cast, crutches, stitches, elastic bandages, or a sling, etc.)

TO BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER (I.E. DOCTOR) OF STUDENT:

Name of Student: ______________________________

Name of Licensed Health Care Provider: ______________________________

Address: ______________________________

Telephone Number(s): ______________________________

Medical License Number: ______________________________

Identification of Injury/Disability: ______________________________

I consider this student able to return to school and participate in regular school activities, subject to the following limitation(s):

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- **Specific recommendations for recess: (Please indicate)**
  - ☐ This student may participate in recess activities.
  - ☐ This student may not participate in recess activities.
- **Specific recommendations for physical education class: (Please indicate)**
  - ☐ This student may participate in physical activities during physical education class subject to the above limitation(s).
  - ☐ This student may not participate in physical activities during physical education class.
- **Permission to be in school with: (If any, please complete)**
  - ☐ This student has my permission to be in school with: _ casts _ crutches _ wheel chair _ stitches _ elastic bandages _ slings _ other appliance(s) (please describe) ______________________________

Physician's Signature: ______________________________ Date: ______________

TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN OF THE STUDENT NAMED ABOVE:

Name of Student: ______________________________

Birth date: ______________ Name of school: ______________________________

Parent/Legal Guardian: ______________________________

Address of Parent/Legal Guardian: ______________________________ Day Telephone: ______________

I Certify that I have read and understand the information provided above by the Health Care Practitioner (i.e., Doctor) of Student.

PARENT/LEGAL GUARDIAN SIGNATURE: ______________________________ DATE: ______________