Dear Parent,

In interest in keeping your child safe and healthy after any medical procedures and/or any injuries, please have the attached form completed by your child’s doctor.

Please note that this documentation is needed prior to your child’s continuation of OT/PT services. Please send this documentation to PNW BOCES. Thank you.

Sincerely,

The OT/PT Department
Dear Physician:

In an interest to keep the below mentioned student safe and healthy after medical procedures and/or injuries we request that this form be completed. This form must be filled out and returned to the school nurse in order for the student to return to school. The student will not be permitted to engage in school related activities and/or OT/PT services, until it is completed.

Student Name: ___________________________ Date: ______________________

Date of Injury: _______________________

Type of Injury/ Diagnosis: ____________________________________________

____ Able to Return to School On:___________________________ or __ not able to Return to school

Orthotic Device (provided by MD or parent):

____ Ace Bandage  ____ Cast  ____ Crutches  ____ Wheelchair  Other: ____________________________

____ Sling  ____ Cane  ____ Splint  ____ Walker

Weight Bearing Status on affected Limb:

____ NWB  ____ WBAT  ____ PWB  ____ FWB  ____ other: ____________________________

Physical Education:

____ the student cannot participate in PE until: ____________________________

____ the student can participate in PE classes

Swimming:

____ the student cannot participate in swimming

____ the student can participate in swimming

Playground/Recess:

____ the student cannot participate on playground/recess activities

____ the student can participate on playground/recess activities

Related Services (If Applicable):

____ the student can resume OT/PT services without restrictions or with the above noted restrictions

____ the student cannot resume OT/PT services until: ____________________________

Signature of Physician/Physician’s Assistant/Nurse Practitioner ____________________________ Date ________________________

(Must be original signature)