NORRIS SCHOOL DISTRICT

RE-ADMITTANCE OF STUDENT WEARING BRACES, CASTS, OR USING CRUTCHES

Students who are required use of assistive devices at school such as casts, splints, canes, walkers, crutches, wheelchairs, etc. shall first present a letter from the prescribing physician to the principal or health services designee that states the necessity for the student's use of the device, any restrictions and the length of time that the restrictions and the length of time that the restrictions and devices will be necessary.

Please notify your principal if your child is hospitalized, scheduled for surgery, or returning to school after surgery. You will be asked for a physician's note prior to your child returning to school following a hospitalization, surgery and/or if your child has been absent from school for a period of three days or more.

The physician's note must include the reason for the absence and restrictions, if any.

TO BE FILLED OUT BY PHYSICIAN'S OFFICE

Student's Name:_____ Date of birth:_____ Todays Date:_____

Student mentioned above can return to school on _____with the use of the following.

□Brace □Boot □Cast □Crutches □Wheelchair □Other:_____

Anticipated duration of use for the assistive device:_____

Are there any limitations or Restrictions (If yes please fill out Activity Restrictions Form-Attached) ? □ Yes □ No

Is the student allowed to put weight on the affected extremity? □ Yes □ No

Other:_____

_____

PHYSICIAN'S SIGNATURE:_____DATE: _____

PHYSICIAN'S PRINTED NAME:_____

PHYSICIAN'S ADDRESS:_____ PHYSICIAN'S TELEPHONE:_____

PHYSICIAN'S STAMP:

Olive Drive Elementary
Phone: 661-387-7040
Fax: 661-399-3149

Veteran's Elementary
Phone: 661-387-7050
Fax: 661-589-5758

William Bimat Elementary
Phone: 661-387-7080
Fax: 661-589-7849

Norris Elementary
Phone: 661-387-7020
Fax: 661-587-9043

Norris Middle
Phone: 661-387-7060
Fax: 661-399-9750