Washington County School District Health Services

MEDICAL RELEASE TO RETURN TO SCHOOL FOLLOWING SURGERY/INJURY

Student's Name_____ **School**_____

Medical Diagnosis_____

Medical Procedure_____ Surgical Date_____

Return to School Date_____

To assure a safe, injury-free transition back to school, it is recommended that students requiring pain medication not return to school until their incisions are healed.

Check the responses which apply below:

Yes No

- ❑ ❑ Student may return to school without activity restriction
- ❑ ❑ Physical activity limitations recommended at school
  - ❑ Limited mobility at school _____
  - ❑ Limited or restricted P.E. participation _____
  - ❑ Limited or non-weight bearing _____
  - ❑ Requires use of elevator
  - ❑ Set of extra books for home use recommended
  - ❑ Needs assistance between classes
  - ❑ Other_____

Special equipment required:

- ❑ Wheelchair ❑ Brace ❑ Cast
- ❑ Crutches ❑ Walker
- ❑ Other _____

Additional Information_____

Post Surgery:

Yes No

- ❑ ❑ Pain medication required _____
- ❑ ❑ Sutures/staples removed
- ❑ ❑ Incision intact without infection or risk of opening
- ❑ ❑ MD follow-up appointment completed. Next appointment: _____

PHYSICIAN INFORMATION:

Physician's Signature _____

Physician's Name (Printed) _____Phone_____

Address_____Date_____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE