

# Clearance for Crutches, Casts, Splints or Orthopedic Boots

Students returning to school following an injury or surgery that requires the use of crutches, casts, splints, or orthopedic boots, must submit this form completed by their treating healthcare provider (physician, advanced practice nurse, physician's assistant, or MPS trainer).

Students will not be allowed to return to school without this clearance form or a similar office note completed by their treating healthcare provider.

It is expected that parents/guardians will accompany their child to the nurse's office either with this completed form on the day the student returns to school.

To be completed by student's treating healthcare provider:

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of medical device

Reason for medical device

Limitations (including weight bearing instructions)

Duration student will need device (beginning and ending dates)

Accommodations required (ice, assistance with books, use of building elevator, etc.)

Gym excuse or recess excuse (beginning and ending dates)

I verify that this student has been trained in the safe use of the device(s), including use on stairs and uneven surfaces.

Medical provider's signature \_\_\_\_\_

Medical provider's printed name \_\_\_\_\_

Medical provider's phone number \_\_\_\_\_

Date \_\_\_\_\_