



Medical Release for School Activity/PE Excuse

Permiso Médico para Actividades Escolares /Excusa para No Realizar Educación Física

School Name _____
Nombre de la Escuela _____

School Phone _____ Fax _____

Student Name _____ Grade _____ Date of Birth _____
Nombre del Estudiante _____ Grado _____ Fecha de Nacimiento _____

Diagnosis _____ Date of Injury/Illness _____

Student will return to school with: No Assistive Device Wheelchair Walker Crutches Cast
Brace Walking Boot Sutures Sling Elastic Bandage Splint Other Device _____
Able to bear weight on injured leg Yes No

I have examined the above named student and consider him/her able to participate in regular school activities with the following recommendations:

Recommendations for Recess (Elementary only): May participate May not participate
 May not participate, but may circulate with peers Other _____

Recommendations for Physical Education: May participate May not participate
 May participate with limitations (please describe):

Recommendations to be in effect until (date) _____

Comments/Additional Instructions: _____

Authorized Health Care Provider Signature _____

Authorized Health Care Provider Name (print) _____

Phone _____ Date _____

FAX _____

Office Stamp

I give my permission for my child (name) _____ to return to school under the conditions described above. I give permission for the School Nurse/Health Clerk to exchange health-related information with the authorized health care provider.

Doy mi permiso para que mi hijo(a) (nombre) _____ regrese a la escuela bajo las condiciones descritas anteriormente. Doy permiso para que la Enfermera Escolar/Oficinista de la enfermería intercambie información sobre salud con el proveedor de salud autorizado.

Parent/Guardian Signature _____ Date _____
Firma del Padre o guardián _____ Fecha _____