

Temecula Preparatory School
Health Service Procedure

Physical Activity Recommendation for Student with Orthopedic Appliance/Equipment

CAST, CRUTCHES, WHEELCHAIR, OR SLING

Students returning to school with a cast, crutches, a wheelchair, or a sling shall have a physician complete this form and return the form to the Health Office.

Student Name: _____ **D.O.B:** _____ **Grade:** _____

DATE OF INJURY: _____ **TYPE OF INJURY/DIAGNOSIS:** _____

DURATION OF RECOMMENDATION BELOW: _____

Permission to be in school with: (Please check)

Cast Crutches Wheelchair Sling Other _____

Recommendations for Recess/Lunch: (Please check)

- May **not** participate in any physical activity
- May **not** participate, but may interact with peers in designated **"safe areas"** per school policy
- Other: _____

Physical Education (Please check)

- May **not** participate in Physical Education class until: _____
DATE
- May participate **ONLY** in walking activities until: _____
DATE
- Other: _____

PHYSICIAN'S Signature: _____ Date: _____

Printed Name & Address: _____

Physician's Office Phone: (____) _____ Fax (____) _____

PARENT/GUARDIAN Signature: _____ Date: _____