

BISHOP HOFFMAN CATHOLIC SCHOOL

"To Reach and Teach the Mind, Body, Heart and Soul of Each Child to Bring Them Closer to God"



Return to school following Injury/Illness

Student Name _____ Date of Birth _____
Home Address _____ School _____
Bus number _____ Homeroom/Grade _____

This form must be filled out and signed by the student's healthcare provider:

Diagnosis _____

Date of Injury/Illness _____

The above-named student may return to school on _____

Student will return to school with: No Assistive Device

Wheelchair Cast Crutches Walking Boot Brace Sutures Walker Cane

Sling Elastic Bandage Splint Other Device _____

I certify that the student has been instructed in proper use and care of item(s) listed above.

I have examined the above named student and consider him/her able to participate in regular school activities with the following restrictions: Recommendations for Recess (if applicable):

May participate May not participate May participate with limitations (please describe):

Recommendations for Physical Education (if applicable):

May participate May not participate May participate with limitations (please describe):

All above recommendations to be in effect until (date) _____

Comments/Additional Instructions:

Healthcare Provider Signature _____ Date _____

Provider Name _____

Practice Address _____

Phone _____ Fax _____

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Return to school following Injury/Illness

Parent Authorization (Parent to Complete):

Parent/Guardian Name _____

Phone Number _____ or _____

- I authorize that my student has been instructed in the proper use of their equipment (if required) and understands their restrictions (if applicable).
- I authorize the Health Services staff to communicate with the student's healthcare provider as needed regarding this need.
- I release and agree to hold the BHCS Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.
- I understand that my child may have help with their books or locker, but will not receive one to one adult supervision during the school day.

Parent/Guardian Signature _____ Date _____