Downers Grove Grade School District 58
We Envision. We Seek. We Believe.

This form has been created to assist in the communication of supporting student safety as a student transitions back to school after having had any medical procedure, hospitalization, or has sustained a major injury. A note from the healthcare provider outlining similar information is also permissible. Please also include any discharge instructions, if available.

RETURN TO SCHOOL POST-MEDICAL TREATMENT FORM

Student's Name_____ Birthdate:_____

Name of School: _____ Grade/Teacher: _____

Reason for medical treatment: _____

Date(s) received care: _____

Current medications: _____

RETURN TO SCHOOL STATEMENT

- ☐ May return to school
- ☐ May return to school on _____

Follow-up appointment date:_____

ACTIVITIES RECOMMENDED AT SCHOOL

- ☐ No restriction in P.E. or recess activity
- ☐ No P.E./Recess until _____
- ☐ No contact sports in PE/Recess until _____
- ☐ May participate in P.E./recess but with accommodations

Please include specific guidance on activity and various sports

_____

_____

_____

MODIFIED ACTIVITY

(check all that apply)

- ☐ No running/jumping
- ☐ No weightlifting
- ☐ No throwing
- ☐ Stationary bike/ Elliptical
- ☐ No stairs/ Use of an elevator

RESTRICTIONS:

ACCOMMODATIONS:

EQUIPMENT

- ☐ Crutches
- ☐ Brace
- ☐ Cast
- ☐ Walking boot
- ☐ Wheelchair
- ☐ Other:_____

# of weeks _____

PHYSICIAN INFORMATION

Physician's Name/Title:_____

Address:_____

_____

Phone Number:_____

Fax Number: _____

Physician's Signature: _____ Date:_____