

iLearn Health Office

Clearance for Crutches, Casts, Splints or Orthopedic Boots

(Before having physician fill out form , please be aware that some iLearn Charter schools DO NOT have an elevator, so please contact your child's school directly)

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 nurses, physician's assistant, or MPS trainer).

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

It is expected that parents/guardians will accompany their child to the nurses' office either with this completed form on the day the student returns to school. \*Students cannot use crutches or orthopedic boots without being properly sized , fitted, and trained on how to use said devices. Improper use may lead to permanent nerve damage and other issues.

TO BE COMPLETED BY THE TREATING PHYSICIAN/PHYSICAL THERAPIST, NP/ NURSE

First and last Name of student \_\_\_\_\_

Date of birth \_\_\_\_\_

Diagnosis (s) \_\_\_\_\_

Type of medical device \_\_\_\_\_

Limitations (including weight bearing orders)

\_\_\_\_\_

Accommodations ordered (ice, assistance with carrying, books/binders, rest periods, extra time,etc)

\_\_\_\_\_

I verify that the said student has been trained and educated in the safe and proper use of the said device(s), including but not limited to use on stairs and uneven surfaces.

\_\_\_\_\_

Medical provider's signature

\_\_\_\_\_

Medical provider's printed name and phone number

Date \_\_\_\_\_

Any MODIFICATIONS to the original order (Limitations/ weight bearing orders) MUST be in writing AND signed by the physician-

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_\_

Printed parent/Guardian first and last name

School nurse \_\_\_\_\_ date received \_\_\_\_\_